



of the Franklin, Hampshire, and North Quabbin Regions

Needs Assessment and Community Action Plan 2009 – 2011



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Community Action of the Franklin, Hampshire, and North Quabbin Regions

Community Action Plan FY2009 - FY2011

Table of Contents

OPENING LETTER

I.	INTRODUCTION.....	page 1
II.	MISSION STATEMENT	page 3
III.	ASSESSMENT AND PLANNING PROCESS.....	page 5
	A. Strategic Planning Committee...page 5	
	B. Methods and Implementation...page 5	
	1. Design Overview...page 5	
	2. Primary Data Collection...page 7	
	a. Development of Surveys...page 7	
	b. Focus Groups and Conversations with Mayors...page 8	
	c. Community Organization Survey...page 9	
	d. Adult Constituent Survey...page 9	
	e. Customer Satisfaction Surveys...page 14	
	f. Youth Surveys (Communities That Care and SPIFFY)...page 15	
	g. Staff Survey...page 15	
	h. Staff Planning Events...page 17	
	i. Board of Directors Self-Assessment...page 18	
	3. Secondary Data Collection...page 18	
	C. Methods of Synthesis and Prioritizing...page 18	
	D. Notification of Stakeholders...page 19	
IV.	COMMUNITY PROFILE AND NEEDS ASSESSMENT.....	page 21
	A. Community Action's Service Area: Geography and Population Density...page 21	
	B. The Context of Rural Poverty...page 23	
	C. The National and State Context: Income Inequality, Tax Policy, and Economic Mobility,page 24	
	D. Economic Profile: Poverty, Unemployment, Wages, and the Cost of Living...page 28	
	1. Introduction...page 28	
	2. Franklin County and the North Quabbin Region...page 28	
	a. Poverty...page 28	
	b. Unemployment...page 29	
	c. Wages...page 29	
	d. The Self-Sufficiency Standard...page 30	
	3. Hampshire County...page 32	
	a. Poverty...page 32	
	b. Unemployment...page 32	
	c. Wages...page 32	
	d. The Self-Sufficiency Standard...page 33	
	E. Race, Ethnicity, and English Proficiency...page 34	
	1. Franklin County and the North Quabbin Region...page 34	
	2. Hampshire County...page 36	

Community Action Community Action Plan FY2009 – FY2011
Table of Contents, page 2

F.	Public Education and Adult Education...	page 38
G.	Child Welfare...	page 40
1.	Perinatal Indicators: How Massachusetts Compares with Other States...	page 40
2.	Selected Indicators: Franklin County and the North Quabbin Region...	page 41
3.	Selected Indicators: Hampshire County...	page 43
4.	Access to Early Education and Care...	page 45
5.	Children's and Parents' Mental Health...	page 46
6.	Issues for Families with Young Children: Comments from our Focus Groups and the Community Organization and Staff Surveys...	page 48
7.	The State Context: The Annie E. Casey KIDSCOUNT Index of the Well-Being of Children from Families with Low Incomes...	page 48
H.	Youth...	page 49
1.	The Communities That Care Coalition in Franklin County and the North Quabbin Region...	page 49
2.	The SPIFFY Coalition in Hampshire County...	page 52
3.	Youth Issues: Comments from our Focus Groups and the Community Organization and Staff Surveys...	page 52
I.	Food Security and Nutrition...	page 53
J.	Housing and Homelessness...	page 57
1.	Affordability...	page 57
2.	Foreclosures...	page 59
3.	Homelessness...	page 59
K.	Transportation...	page 60
L.	Health and Health Care...	page 61
1.	Chronic Disease Indicators and Behavioral Risk Factors...	page 61
2.	Health Care Access...	page 64
M.	Community...	page 65
N.	Conclusion...	page 67
V.	INTERNAL NEEDS ASSESSMENT	page 69
A.	Infrastructure and Leadership...	page 69
1.	Board Self-Assessment...	page 69
2.	Staff Survey...	page 69
3.	Community Organization Survey...	page 71
4.	Focus Groups...	page 72
B.	Program Quality...	page 73
1.	Community Organization Survey...	page 73
2.	Customer Satisfaction Surveys...	page 74
a.	Parent-Child Development Center...	page 74
b.	The Center for Self-Reliance...	page 76
c.	Fuel Assistance...	page 77
C.	Quality of Worklife...	page 78
D.	Diversity...	page 79
VI.	SERVICE DELIVERY SYSTEM	page 81

Community Action Community Action Plan FY2009 – FY2011
Table of Contents, page 3

VII.	THREE-YEAR PLAN AND SELF-EVALUATION OF PROGRESS	<i>page 83</i>
	A. Community Action's Strategic Direction...	<i>page 83</i>
	B. Three Year Goals and Strategies and Related National Indicators of Community Action Performance...	<i>page 85</i>
	C. Self-Evaluation of Progress in Meeting Goals...	<i>page 91</i>
VIII.	LINKAGES.....	<i>page 93</i>
IX.	FUNDING STRATEGY	<i>page 97</i>
X.	VISION STATEMENT	<i>page 99</i>
	ENDNOTES	<i>page 101</i>

To our friends, program participants, and supporters:

Every three years Community Action completes a comprehensive community needs assessment and internal evaluation, and we base our plans for the next three years on what we find. The resulting Community Action Plan synthesizes the input of many people and provides a touch point for us as we work to move Community Action forward.

We have accomplished much that we set out to do in our last Community Action Plan, and much that we could not anticipate. With the designation as the Community Action Agency for Hampshire County in October 2005 came a new name, successful competition for several large new contracts (most notably Head Start and WIC); long-awaited opportunities to improve our administrative infrastructure; the ability to underwrite the efforts of key organizations serving minority communities; and a central role in mobilizing the larger community around economic inequality and youth issues. We also expanded our Individual Development Account program, CommonCents, and began a free Tax Assistance Program. As an organization we became much more attuned to the depth and breadth of trauma in our communities and began to develop in earnest our capacity for trauma-informed practice. We took on the Community Crisis Response Team, opened a new office of First Call for Help, expanded child care resource and referral services, and initiated new youth development programming. We co-led community mobilizations to prevent and reduce youth substance abuse. In spite of the fact that two large state Even Start contracts were eliminated because of federal budget cuts, we maintained family literacy programming in Franklin County.

The economic forecast, for the near future at least, is bleak. As prices go up much faster than wages, and as unemployment increases, Community Action will strive to be there for our constituents, even though we also will have fewer resources. Much of our planning has revolved around creative ways to help people in the present and also to change the policies and cultural messages that systematically create poverty and neglect those who are impoverished.

Many people gave freely of their time and energy to make this process a meaningful one. We thank the hundreds of people who answered surveys and participated in focus groups, our staff, Board, community collaborators, and especially the Strategic Planning Committee for their commitment and good will throughout this process. We were proud to hear over and over again from our staff how good they feel about working here. We were pleased to hear from our participants that we've made a real difference in their lives. We were challenged to think about how we can do even better, and we have emerged an even stronger organization as a result.

It is with great pride that we present Community Action's Needs Assessment and Community Action Plan for October 1, 2008 – September 30, 2011.

Christopher Sikes
President

Jane Sanders
Executive Director

Acknowledgments:

We gratefully acknowledge the time and assistance of the following individuals who were among those who participated in developing this plan:

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Community Action Plan for FY2009 - FY2011

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August 2008

I. INTRODUCTION

In 1964, Congress passed the Economic Opportunity Act to begin America's War on Poverty. As a result of this initiative, a network of Community Action Agencies sprang up all over the country to alleviate the impact of poverty at the local level and to support people with low incomes to improve the quality of their lives. All Community Action Agencies are overseen by a state agency designated by the Office of Community Services of the Administration for Children and Families, U.S. Department of Health and Human Services. In Massachusetts, this state agency is the Department of Housing and Community Development (DHCD). Every three years, all Community Action Agencies must conduct a thorough needs assessment of this service area and create a Community Action Plan.

In 1965, Franklin Community Action Corporation (now known as Community Action) was designated as the agency to carry out anti-poverty work in Franklin County, Massachusetts. Our first program was Head Start. As the needs of the region changed and new funding opportunities became available, the agency changed and grew tremendously. In 2005 we were designated as the Community Action Agency for Hampshire County, directly to the south of Franklin County, and changed our legal name to Community Action of the Franklin, Hampshire, and North Quabbin Regions. Community Action is now an "umbrella" agency that provides the overall leadership, policy guidance, coordination, and support necessary to successfully manage a wide array of over 40 programs in 35 sites in three counties, administered through nine departments. The agency has an annual budget of \$22 million and almost 300 employees. We serve over 27,000 people each year. Community Action is certified by the State Office of Minority and Women Business Assistance as a Woman Non-Profit Organization.

This Community Action Plan describes the needs of people with low incomes from our service area, as well as an internal evaluation of the agency's functioning. It then states Community Action's strategic direction for October 1, 2009, through September 30, 2011, as well as the ways in which the agency will monitor and evaluate its progress. A Strategic Planning Committee oversaw this process and consulted widely with stakeholder groups while delineating these needs and developing the plan. We heard from the staff, other organizations and businesses, community residents with low incomes, and municipal leaders. We conducted focus groups, did extensive research into secondary sources of information about our region, and analyzed responses from 900 surveys completed by staff, community organizations, and adult constituents with lower incomes. The Board

COMMUNITY
Action!

*Building on the Strength of
our Community
since 1965*

**"We are made wise,
not by the
recollection of our
past, but by the
responsibility for our
future."**

-George Bernard Shaw

of Directors, the Executive Director, the Director of Development and Planning, the Strategic Planning Committee, the Department Directors, and the staff all played key roles in pulling this information together, setting priorities, and developing strategic goals and objectives.

This Community Action Plan is simply a “slice in time” of a dynamic process that continues all year round, every year; assessment and planning do not stop with the publication of this Plan. As conditions in our communities change, we will adjust the routes that we take to reach the goals we have set for ourselves. And we may need to set new goals. We are confident that the initial set of goals and activities laid out in the following pages will result in better service to our participants, better outcomes for them, and a clearer path for all of us to follow.

The problem with
the future is that it
keeps turning into
the present.

- Bill Watterson, creator of
Calvin and Hobbes



Partner Agency

II. MISSION STATEMENT

Our Mission

Community Action is dedicated to promoting economic justice and improving the quality of life for people with low incomes.

Our Values

We believe that we can accomplish this mission only when our activities are directed by and inclusive of people with low incomes. Our efforts will be in response to local needs, conducted with an awareness of national trends and policies, organized within strong community-wide partnerships, and respectful of and sensitive to the diversity and strengths of all community members.

Our Approach

We accomplish our mission by:

- Offering support services and providing basic needs to which all people have a right.
- Developing opportunities for people with low incomes.
- Increasing public awareness about the challenges that many people with low incomes face.
- Ensuring that people with low incomes provide the leadership in the decisions that affect their lives.
- Engaging many voices in promoting human rights and economic justice.
- Advocating for policies that help and taking a stand against policies that hurt those living with low incomes.

Our Vision

Our vision is to be part of a powerful grassroots movement that will alter social policy and eliminate the need for our agency. Our vision includes a region that is safe and supportive, where differences are celebrated and accepted, where everyone has enough to eat, homes are affordable, jobs are available that pay a living wage, schools are safe and welcoming for families and children, the divide between rich and poor is eliminated, children are nurtured and protected, and all community members achieve their potential and prosper in the fullness of life. In the absence of this achievement, we affirm the importance of supporting and defending a social safety net.

Board of Directors

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III. ASSESSMENT AND PLANNING PROCESS

In developing the Fiscal Year (FY) 2009-2011 Community Action Plan, Community Action conducted an extensive assessment to delineate community needs and the agency's strengths and challenges. We used a variety of approaches to gain input from stakeholders.

A. Strategic Planning Committee

The Strategic Planning Committee was formed in October 2007 and included representatives of the Board of Directors, direct service staff, Department Directors, and administrators.

The Strategic Planning Committee met nine times and was responsible for:

- Providing leadership, direction, and oversight for the strategic planning process and ensuring integration of various elements that go into the plan.
- Creating a planning design that ensured all stakeholders were included in a meaningful way in articulating needs, goals, and strategies.
- Developing timelines and realistic expectations for completion of tasks by this committee and ensuring that work was completed in a timely way.
- Analyzing needs assessment data.
- Making recommendations to the Board of Directors regarding priorities, goals, and strategies for the next three years of the agency's development, as well as how progress toward the goals set out in the plan should be monitored.
- Ensuring that the goals and strategies presented to the Board for approval were consistent with the agency's mission, approach, and values, as well as with the needs of the community.
- Ensuring that the planning process and outcomes were consistent with the expectations of the Massachusetts Department of Housing and Community Development and with the format of the Results Oriented Management and Accountability (ROMA) system.

B. Methods and Implementation

I. Design Overview

The chart that follows offers a visual summary of the questions the Strategic Planning Committee determined it must answer and the process it must follow in order to meet the planning needs of the agency, as well as the requirements of the Government Performance and Results Act of 1993.

Strategic Planning Committee 2008

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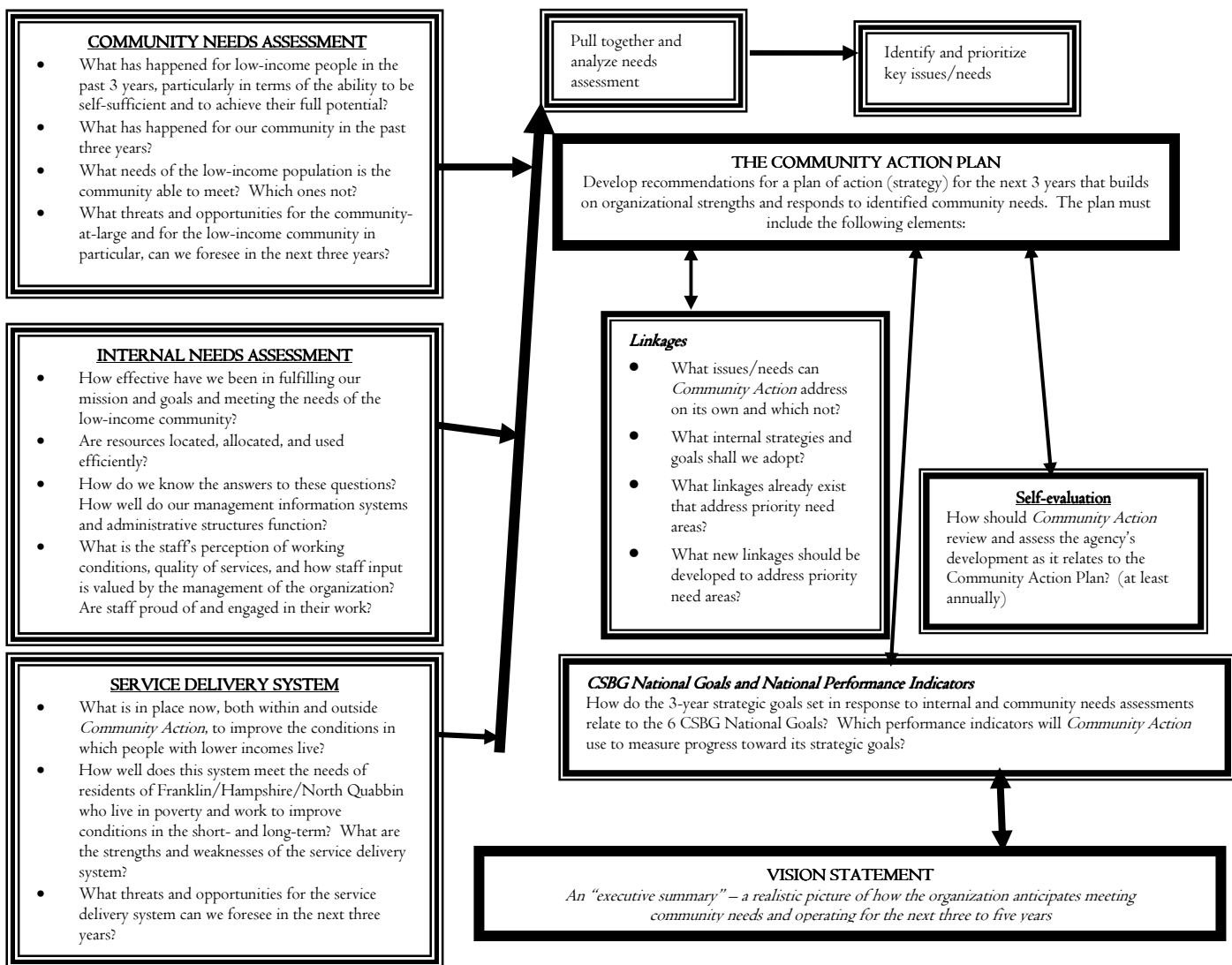
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**Community Action of the Franklin, Hampshire, and North Quabbin Regions
Needs Assessment and Community Action Plan (FY2009-FY2011)**



The Strategic Planning Committee listed Community Action's stakeholders and determined a process for including them in collecting and/or sharing the results of "primary data" gathered directly from our constituents, and "secondary data" prepared for another purpose and relevant to our needs assessment. Community Action distributed surveys to adults who were or could be program participants, community organizations, and staff. These included questions about community needs as well as about customer satisfaction, quality of work life, and agency strengths and challenges. Staff organized and conducted eight focus groups to discuss trends that the agency should be aware of in its planning. The Board of Directors completed a self-assessment questionnaire.

The Director of Development and Planning oversaw the collection, synthesis, and analysis of both this primary data directly from our constituents, and secondary data collected by others and relevant to our community needs assessment. She also facilitated planning events with staff, Department Directors, and the Board that grew out of information gathered from both primary and secondary data sources. The Board reviewed and formally approved the strategic goals for FY2009 – FY2011 on July 2, 2008.

For the most part the goals in the Community Action Plan relate to the agency as a whole, not to specific

programs. Each program is responsible for developing one-year CSBG Workplan goals that relate to these overarching goals as appropriate, and for delineating and tracking measurable outcomes related to the services it provides.

The following tools were used to gather information for each element of the Community Action Plan:

✕ Community Organization survey	
✕ Staff survey	
✕ Adult constituent survey	
✕ Communities That Care and SPIFFY youth surveys	
✕ Focus groups	
✕ Secondary data	
✕ Meetings with Mayors	
	Community Needs Assessment
✕ Staff survey	
✕ Community Organization survey	
✕ Staff planning event, <i>The Territory Ahead</i>	
✕ Customer satisfaction surveys	
✕ Board of Directors survey	
	Internal Needs Assessment
✕ Community Organization survey	
✕ Staff survey	
✕ Staff planning event, <i>The Territory Ahead</i>	
✕ Directors' planning retreat	
	Service Delivery System
✕ Community Organization survey	
✕ Staff survey	
✕ Community Action staff	
	Linkages

2. Primary Data Collection

a. Development of Surveys

The design of the 2008 surveys was based on the version used in 2005 during the last triennial strategic planning process. In general, we tried to retain as many of the same questions from prior years as possible in order to enable comparisons with surveys done in the past. However, it was clear from past experience that some refinements were necessary, and before submitting the survey to the Strategic Planning Committee, the staff made a few key modifications. For example, the final version of the adult constituent survey requested that household income be given as a dollar amount rather than in ranges so that we could calculate income relative to the Federal Poverty Level,¹ which is used to determine eligibility for many programs. In addition, we changed and added race and ethnicity categories that would parallel those used for Community Services Block Grant (CSBG) reporting and the agency's internal database.

The agency hosted several focus groups that provided input into the content of the surveys, in particular the survey for adult constituents. This resulted in adding or clarifying questions that would provide information that many community professionals would consider useful to have, for instance, voting behavior, need for education and training, child care utilization and satisfaction, and debt.

The Strategic Planning Committee also made important suggestions regarding the wording and visual

Focus Groups 2007-2008

- The Council of Social Agencies of Hampshire County, November 2007
- Hampshire County Family Center Coordinators, November 2007
- Youth Services Roundtable (Franklin County), November 2007
- Hampshire County Hilltowns social service, health care, and community development colleagues, convened solely for this purpose, November 2007
- Youth Services Summit (Franklin County), December 2007
- Franklin County Resource Network, December 2007
- Strategic Planning Initiative for Families and Youth (SPIFFY), January 2008
- Data working group of the Hampshire County Hunger Summit, February 2008

presentation of the surveys. For instance, Committee members expressed a need for additional information on community involvement and help-seeking behavior on the part of adult constituents who would complete surveys, and they urged that questions about lifetime experience of trauma be worded as neutrally as possible in order not to trigger a trauma reaction for respondents. Because the 2005 adult survey results suggested that food insecurity far exceeded food pantry utilization, we added a set of questions related to why people with evidence of food insecurity had not used a food pantry. Surveys that had pen and paper versions were re-formatted to allow for more white space.

All surveys were field-tested at least once with as wide a representation as possible of prospective respondents. Feedback from these field tests led to further significant revisions to the survey tools.

b. Focus Groups and Conversations with Mayors

At the beginning of our needs assessment and planning process (November 2007 – February 2008), we met with eight community groups to ask them about the type of information they thought we should gather through our surveys of constituents; trends that they saw developing; and what role Community Action should play in their communities in the near future. These groups are listed in the sidebar to the left.

Their input was invaluable to our survey design. For instance, during one meeting, the group suggested that we ask about whom respondents turn to for help when problems come up. This gave us very important information about people's help-seeking behavior and the role social service providers play relative to family, friends, and faith communities. The groups' input about trends to be aware of for the future will help us in program development and helped us to know what to focus on in our review of secondary data for this Community Action Plan. For instance, we heard from several sources a concern that increased difficulty of standardized school tests (MCAS) and GED tests will mean that more young people will not be able to attain the credential needed for entry-level jobs and will have a very difficult time transitioning to work. In our review of secondary data, we look closely at graduation rates, particularly for students from families with low income, as well as at attachment to school as a protective factor against problem behavior. Members of focus groups also gave us terrific input about the role they would like Community Action to play in our communities in the next few years.

This input, along with input from several other sources, helped us set strategic goals for the agency that we knew would also be meaningful for our community collaborators.

As part of the strategic planning process, the Executive Director set up meetings with the mayors of Northampton, Easthampton, and Greenfield. She shared two documents with them: 1) numbers of people served in FY2007 in each city through our programs; and 2) city-specific data from the adult survey. The Mayors shared their view of trends they are seeing in affordable housing, food security, adult

education, immigrants, substance abuse, and the fuel crisis. The discussions were wide-ranging and fruitful, helping to strengthen our ties with municipalities in our service area.

c. Community Organization Survey

We owe many thanks to the Franklin County Resource Network, the Council of Social Agencies of Hampshire County, the Quaboag Hills Community Coalition, and the North Quabbin Community Coalition for helping us to get out the word about our survey to our colleagues in social service, education, health care, faith communities, and municipal leadership. We used an online survey that contained questions requiring both multiple choice and narrative answers. Eighty-five people responded to the survey.

Respondents had a wide variety of affiliations and were a representative cross-section of our social service colleagues. Thirty-eight were associated with Hampshire County, 44 with Franklin County, 26 with North Quabbin, and another 7 with contiguous areas, e.g. Hampden and Berkshire Counties. (The total is higher than 85 since respondents could check off more than one area.) They worked with many different populations, consistent with the ones served through Community Action. (Please refer to the sidebar at right. The total is higher than 100% since respondents could check more than one category.)

Several of our colleagues expressed frustration that they could not save their responses part way through the survey and return to it later. This led to some incomplete surveys being returned. In future years we will need to ensure that saving an unfinished questionnaire is possible.

The comments offered by respondents to the Community Organization Survey were consistent with what we heard in focus groups and played a major role in our choice of strategic goals.

d. Adult Constituent Survey

Because Community Action had become the designated Community Action Agency for Hampshire County since the last needs assessment surveys were done, the staff needed to re-evaluate desired sample size and methods for distributing surveys compared with 2005. In addition, examination of previous years' sample size and characteristics made it clear that we needed to improve the return rate and increase the representation of ethnic and racial minorities in the return sample.

Sample size. The two parts of our service area, Franklin/North Quabbin and Hampshire County, have many similarities, yet they are distinct enough economically and demographically that it was essential to create two separate samples large enough to provide sampling confidence for each region.

We based our sample size on an estimate of the number and percentage of people who would qualify for Community Action services. Virtually all Community Action programs that use income to determine eligibility serve people with

Respondents to the community organization survey worked with:

- People with low incomes: 60.0%
- Families: 52.9%
- People with disabilities: 50.6%
- People with mental illness: 49.4%
- People with drug or alcohol problems: 43.5%
- People who are homeless: 41.2%
- People with legal problems: 41.2%
- High school youth (ages 15 – 18): 38.8%
- Young adults (ages 19 – 22): 38.8%
- People with employment/training needs: 38.8%
- People with developmental disabilities: 38.8%
- People with food emergencies: 37.6%
- Immigrants and refugees: 32.9%
- Middle school youth (ages 12 – 14): 31.8%
- Seniors: 31.8%
- Children (ages 6 – 11): 29.4%
- Young children (ages 0 – 5): 27.1%
- Survivors of domestic violence and/or sexual assault: 3.5%
- First time homebuyers: 2.3%
- Other: 14.1%

incomes below 200% of the Federal Poverty Level (FPL), and we decided that this would serve as a good proxy for determining the total universe of people we wanted to sample. A few Community Action services are offered without regard to income, while others are available only to people with incomes below 200% FPL. Using 200% FPL as a cut-off for determining the size of our desired sample balanced these factors.

The most recent data available that gives sufficient information to determine the proportion of the total population with income below 200% FPL is the 2000 Census. In Franklin/North Quabbin, 26.4% of the population had income below 200% FPL, and in Hampshire County, 22.8%. Multiplying these by the total estimated 2007 population (71,602 for Franklin County, 16,051 for the four North Quabbin towns in Worcester County, and 153,147 for Hampshire County²), we calculated a desired sample size of 382 for Franklin/North Quabbin and 383 for Hampshire County in order to achieve a confidence interval of 5 and a confidence level of 95%. A confidence interval is a plus-or-minus number that describes the potential for error in data from a sample vs. the population as a whole. The confidence level represents how often the actual percentage of the population who would pick any given answer lies within the confidence interval.

As we had done in past years, we built our sample around a core from the Fuel Assistance mailing list, chosen because it has the largest geographic representation and the most current demographic data. The database included 5,869 lower-income households in Franklin and Hampshire Counties. From among these we mailed 2,906 surveys to a geographically and demographically diverse group. In addition, we distributed hundreds of surveys via our programs and other community organizations. Some of these were simply left in waiting areas for anyone to take, and in other instances, staff more actively encouraged and assisted in completing the questionnaires. All surveys had a business reply envelope attached so that return mailing would be free and would require no identifying information. The questionnaires were six pages long and asked questions that required multiple choice or very brief answers.

Return rate. Response rates for the adult survey varied significantly between 2002 and 2005, and the reasons influenced our methodology in 2008. In 2002, 533 out of 2,096 surveys mailed were returned (25%), compared with 2005 when 301 out of 2,500 surveys mailed were returned (12%). The only difference between the two years was the fact that in 2002 prospective respondents were offered an incentive – entry into a drawing for free merchandise – if they returned the survey. There was no such incentive in 2005. In both years, surveys were accompanied by postage-paid return envelopes. Given this past experience, the Strategic Planning Committee decided that we should again provide an incentive for completing the survey and offered potential respondents the opportunity to enter a drawing for one of eight gift cards to be used at local grocery stores. Almost 650 respondents returned surveys this year. Because we do not know exactly how many surveys were taken by potential respondents, we cannot say precisely what the return rate was.

Ethnic, racial, and linguistic diversity. Because of a low number of responses from minority populations in 2005, this year the staff intensified its efforts to survey these groups. We purposely included an over-representation of minority groups in our survey mailing; 703 of the 2,906 who were ultimately included in the initial mailing identified themselves as racial, ethnic, or linguistic minorities.

In past years, we received back very few surveys that had been distributed in a language other than English. This year, we translated the adult surveys into the two most widely-used languages. Based on a review of internal statistics for language prevalence and after consulting with the Center for New Americans, we chose to translate the survey into Spanish and Russian. Spanish is by far the most commonly spoken language in our service area other than English. Many people in the area come from Russia as well as Moldova and Romania, where people were taught Russian in addition to their own language.

A special mailing of surveys written in Spanish was sent to all households in the Fuel Assistance database in which Spanish was the primary language. Surveys in Russian and in Spanish were also distributed to the Center for New Americans and Casa Latina, which made a special effort to ask their constituents to complete the survey for us.

Response rates for minority groups did improve and are described in greater detail below. The “oversampling” described above was successful in creating a survey sample proportionately very similar to the population we serve and to that of the total population with lower incomes.

Sampling adjustments, final sample size, and methodological limitations. As surveys began to come in, it was clear that mid-process adjustments needed to be made. First, older individuals and those from Hampshire County were responding at a higher rate than younger individuals and those from Franklin/North Quabbin. Very few responses were received from the four North Quabbin towns. To compensate, surveys were given to programs such as WIC and Healthy Families to distribute to younger families and in North Quabbin. The Center for Self-Reliance Food Pantries in Greenfield and Shelburne distributed surveys over a period of two weeks to increase participation from Franklin County.

Ultimately, 646 surveys were returned either through the programs or by mail, 313 from Franklin County/North Quabbin and 335 from Hampshire County. The methodology realized the goal of obtaining a good representation from both parts of the service area.

The fact that we received fewer than the desired number of surveys increased the confidence interval from 5 to 5.5 for Franklin County/North Quabbin, and from 5 to 5.33 for Hampshire County. For example, 26% of Franklin County respondents reported experiencing physical abuse as a child. With a confidence interval of plus or minus 5.5, we can say that we are 95% sure that the percentage of people in the entire population with lower incomes who experienced physical abuse as a child is between 21.5% and 31.5%. If we had had the desired return rate, the confidence interval would have been 5%; in other words, we would be able to say that between 21% and 31% of the population experienced physical abuse as a child.

Thus, the difference in confidence interval between desired and actual sample size is quite small. Still, it is important to keep in mind that the larger and more robust the finding, the less susceptible it is to these sampling issues, and that the smaller the result is (for example, the finding that 4.4% of the sample had completed no more than 8th grade), the less likely it is to be a valid reflection of the entire population.

Comparative demographics of adult survey sample. Because our survey was not distributed in a strictly random method, we wanted to test how representative the sample was by comparing it to the population with lower income as a whole, and to the people served by Community Action.

“USA Today has come out with a new survey - apparently, three out of every four people make up 75% of the population.”

-David Letterman

As illustrated in the table below, our survey sample contained respondents from all income levels. However, in comparison with households served by Community Action in 2007 and with the total lower-income population of the service area, the survey sample had a higher proportion of lower income households, i.e. those with income below 100% of the Federal Poverty Level (FPL), as opposed to those with income between 100% and 200% FPL.

	All respondents to adult constituent survey N = 686			All households served by Community Action and reporting income (2007)	For the total population with income below 200% of the Federal Poverty Level Source: 2000 U.S. Census		
Household Income as a % of Federal Poverty Level	Franklin County (26 towns) (N = 288)	North Quabbin (9 towns) (N= 63)	Hampshire County (N= 335)	(N= 8,546)	Franklin County (26 towns)	North Quabbin (9 towns)	Hampshire County
No Income	18.8%	19.0%	18.2%	15.8%	13.9%	12.5%	18.0%
Under 50%	17.7%	17.5%	5.7%	7.7%			
51% - 75%	13.2%	22.2%	6.9%	8.6%	8.8%	7.3%	10.2%
76% -100%	20.8%	14.3%	22.1%	16.9%	13.9%	10.2%	13.0%
101% - 125%	14.2%	3.2%	19.7%	12.1%	13.2%	11.9%	13.4%
126% - 150%	6.6%	11.1%	14.6%	10.6%	16.9%	16.8%	15.9%
151% - 200%	8.7%	12.7%	12.8%	28.3%	33.3%	41.3%	29.5%

Initially this may appear to be an insignificant problem. After all, aren't people with the lowest incomes the most in need of the agency's services? In fact, this is not necessarily the case. Households with very low income are often eligible for income supports (e.g. Food Stamps) and other public benefits (e.g. Medicaid) that are not counted as cash income but have a significant cash value. People with slightly higher income often find that they do not qualify for these public benefits and are actually in a worse financial situation than households with very low cash income. In the future we will need to ensure that our survey sample is more representative of all income levels below 200% of the Federal Poverty Level. This should be possible to correct during the surveying process by checking income levels of respondents and then identifying program participants with the desired income level and asking them to complete surveys.

As demonstrated in the following charts, our sample contained people from many different racial groups and a substantial number who self-identified as Latino, particularly from Hampshire County, as well as people with a broad range of educational backgrounds. In comparison with the population that the agency served in 2007 and with the general population with income below 100% FPL, our survey sample was roughly similar to the race and ethnicity of the population that is eligible for agency services. The same held true for the education level of the survey sample vs. the education of the people served by the agency in 2007 and the population with income below 100% FPL as a whole.

(Please note: We use the most recent and most comparable census data available in making comparisons. The Census Bureau does not use the same educational categories that we do. It gives detailed data about people with income below 100% FPL but not 200% FPL, and so we have used 100% FPL as a proxy here. The U.S. Census Bureau 2006 Community Survey is the most recent data, but it does not give information at a level smaller than counties, making it impossible to gain information about the towns we serve in the North Quabbin region.)

**Community Action of the Franklin, Hampshire, and North Quabbin Regions
Needs Assessment and Community Action Plan (FY2009-FY2011)**

Race and Ethnicity	All respondents to adult constituent survey N = 636			All households served by Community Action and reporting race/ethnicity (2007)	For the total population with income below <u>100%*</u> of the Federal Poverty Level (*info. re: race/ethnicity not available for <u>200%</u> FPL and below) Source: 2000 U.S. Census		
	Franklin County (26 towns) (N= 288)	North Quabbin (9 towns) (N=63)	Hampshire County (N = 335)		Franklin County (26 towns)	North Quabbin (9 towns)	Hampshire County
Ethnicity							
Latino	5.9%	4.8%	15.2%	7.7%	3.1%	1.3%	7.7%
Not Latino	94.1%	95.2%	84.8%	92.3%	96.9%	98.7%	92.3%
Race							
American Indian/ Alaskan Native	1.1%		.3%	.8%	.4%	.7%	.5%
Asian	.4%		2.7%	3.1%	1.9%	.6%	4.2%
Black/African American	2.1%		3.9%	3.1%	1.3%	.6%	3.6%
Hawaiian/ Pacific Islander			.3%	.1%	.1%	0	.1%
Other/more than one race	6.4%	3.2%	14.5%	9.2%	6.6%	4.6%	7.0%
White	90.1%	96.8%	78.2%	83.7%	89.7%	93.5%	84.7%

Education Level	All respondents to adult constituent survey N = 601			All households served by Community Action and reporting education (2007)	<u>ESTIMATES</u> for the total population with income below <u>100%*</u> of the Federal Poverty Level (*info. re: race/ethnicity not available for <u>200%</u> FPL and below) Source: 2006 American Community Survey, U.S. Census Bureau	
	Franklin County (21 towns) (N = 277)	North Quabbin (9 towns) (N= 60)	Hampshire County (N= 327)	(N= 5,602)	Franklin County (26 towns)	Hampshire County
0 – 8 th grade	5.8%	6.7%	8.6%	6.5%	37.8%	15.3%
9 th – 12 th grade, no diploma	20.6%	13.3%	18.0%	18.2%		
GED	10.5%	11.7%	6.7%			
HS diploma	22.0%	21.7%	24.8%	37.9%	33.0%	29.6%
Some college					11.0%	31.1%
	20.2%	30%	19.6%	18.5%	some college, or associate's degree	
2 – 4 year degree and above					18.2%	24%
	21.0%	16.7%	22.0%	18.9%	4-year and graduate degrees	

In general, the adult survey sample was older than the population we served last year as well as the total population with income below 100% FPL, even though we attempted part of the way through distributing and collecting surveys to correct for the disproportionately large number of surveys being returned by older

residents. The gap in our sample is the most apparent among young adults, ages 18 – 24. At least some of this can be attributed to the fact that the older generations tend to take completing surveys more seriously and have more spare time. Younger people tend to have many responsibilities and not much time for surveys. For our next surveys we will need to correct for this. It may be necessary to organize focus groups of young adults rather than ask them to complete pencil and paper surveys, or do an online survey as well as a pen-and-paper one. In addition, when we ask our program staff to distribute surveys, we will ask them to target certain ages, based on the age of respondents who have already sent back surveys.

Age				ESTIMATES for the total population with income below <u>100%</u> of the Federal Poverty Level Source: 2006 American Community Survey, U.S. Census Bureau			All households served by Community Action and reporting age (2007)	
Age groups	Franklin County (26 towns) (N = 281)	North Quabbin (9 towns) (N = 58)	Hampshire County (N = 335)	Age groups	Franklin County	Hampshire County	Community Action CSBG reporting categories	N = 12, 558
17-29 years	17.8%	41.4%	6.9%	18 – 24 years	24.2%	38.5%	18 - 23 years	16.0%
30-39 years	19.9%	15.5%	14.3%	25 – 44 years	24.4%	22.5%	24 – 44 years	35.7%
40-49 years	21.0%	12.1%	19.4%	45 – 54 years	17.8%	21.0%	45 – 54 years	17.0%
50-59 years	19.2%	12.1%	16.7%	55 – 64 years	15.4%	7.4%	55 – 69 years	15.6%
60-69 years	9.6%	5.2%	14.3%	65 – 74 years	11.3%	2.9%		
70+ years	12.4%	13.8	28.3%	75+ years	6.9%	7.7%	70+ years	15.7%

As illustrated in the chart below, our survey sample contained a larger proportion of women than both the population with income below 100% FPL and the population that we serve. In future years we will also need to control for gender more carefully.

Gender				ESTIMATES for the total population 18 and over with income below <u>100%</u> of the Federal Poverty Level Source: 2006 American Community Survey, U.S. Census Bureau		All individuals (of any age) served by Community Action and reporting gender (2007)
	Franklin County (26 towns) (N = 284)	North Quabbin (9 towns) (N = 63)	Hampshire County (N = 334)	Franklin County (26 towns)	Hampshire County	N = 19,934
Male	25.0%	12.7%	26.9%	35.6%	41.9%	41.1%
Female	75.0%	87.3%	73.1%	64.4%	58.1%	58.9%

To summarize, we did not use a random sampling method in distributing our surveys to our adult constituents. The sample we did obtain is representative for the most part, although not completely. It is large enough to provide a confidence interval of 5.5 at a confidence level of 95%. In interpreting the data from the survey, it is important to keep this confidence level and interval in mind, and also to be aware of the specific ways in which the sample is particularly similar to and divergent from the total population, as described above.

e. Customer Satisfaction Surveys

In past years, we asked adult constituents and representatives of collegial organizations for feedback about customer service without linking it to any particular program. Other than providing us with a general sense of how we were doing on customer service, this information was not particularly useful. This year we decided that we would begin piloting customer satisfaction surveys in all programs that do not use them, with the aim of

doing them regularly, not only during the strategic planning process every three years. The Program Evaluation Coordinator drafted customer satisfaction surveys with the help of staff from each program. Staff from the Parent-Child Development Center, Healthy Connections, First Call for Help, the Center for Self-Reliance, and the Family Learning Center helped to distribute these surveys to participants. The Program Evaluation Coordinator created a spreadsheet to allow tracking of participants' responses, and she and a volunteer completed data entry.

f. Youth Surveys

In our work providing services in the community, we have heard repeatedly that youth are “surveyed to death” along with pleas for “No more!” We opted to heed this appeal in designing primary data collection methods for the Community Action Plan. Our choice was made easy by the fact that we have access to the results of extensive surveys done by the Communities That Care Coalition of thousands of local youth throughout Franklin County and North Quabbin, as well as thousands of surveys done by the Strategic Planning Initiative for Families and Youth (SPIFFY) in Hampshire County. Both of these groups use the Strategic Prevention Framework in developing a planned, data-driven, effective, and sustainable community-wide mobilization to prevent youth substance abuse, violence, and school drop-out. This process defines and explores local risk and protective factors for youth and designs programs targeted to reduce elevated risk factors and increase protective factors. For instance, in Franklin/North Quabbin, where teens indicated on surveys that many parents were not providing adequate supervision, the Communities That Care Coalition has helped to raise money for conducting evidence-based parenting education groups throughout the region.

While the Communities That Care and SPIFFY surveys were not designed specifically for our purposes, they do meet our needs, probably better than we could ourselves. The sample size is very large, and the questions and responses are correlated through extensive research to a wide range of risk and protective factors that affect the youth we serve.

g. Staff Survey

The staff survey was based on a tool used in 2005 and was refined as the result of input from the Strategic Planning Committee and staff who completed pilot versions of the questionnaire. The Strategic Planning Committee recommended the use of “I” statements accompanied by a rating of level of agreement on a four-point scale (“strongly agree” to “strongly disagree,” plus “no opinion/doesn’t apply to me”). For example, staff were asked to rate how strongly they agreed or disagreed with the following “I” statement: “I have a chance to learn skills that will help me in my career.” The survey was broken up into several small sections under the following headings: job satisfaction, communication, fringe benefits, infrastructure, supervision, diversity, quality of services, and agency effectiveness.

We held one focus group to evaluate the clarity and utility of the tool before it was put into electronic form. The most important piece of feedback related to

Communities that Care
COALITION

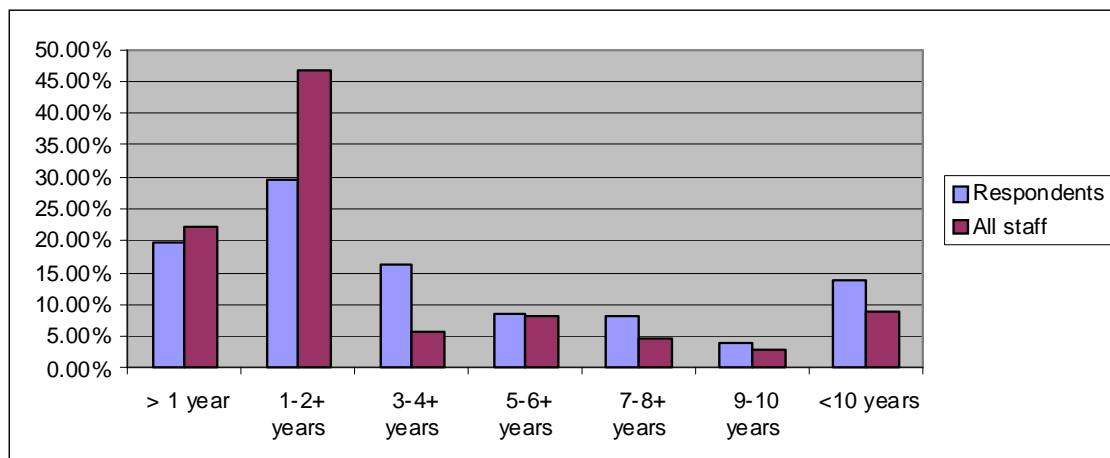


anonymity. The survey asked pointed questions on agency functioning, and none of the respondents felt they could be completely honest because they were not confident that their responses to the survey would remain truly anonymous; many felt that the combination of questions on the respondent's department, job category, and amount of time employed at the agency could be used to identify a particular individual. After consulting with Department Directors, the Executive Director, and others, the staff modified these items so that respondents would not be individually identifiable. In the end, 95% of the respondents to the survey said they "strongly agreed" or "agreed" that they felt comfortable being completely honest in answering the survey questions.

After converting the survey to an online version through Constant Contact, we tested it again and made more revisions. We then sent out invitations to all staff with an e-mail account (244 out of 285 total employees) asking them to complete the survey. We also made a paper and pencil version available to anyone who preferred to use it. The survey had 24 questions, 17 that asked for ratings, and 17 that asked for text comments. (Some questions asked for both.) All staff members who completed a survey and chose to give their name (which was separated from the survey) were entered in a raffle for an extra day off. A total of 177 staff members completed a survey, 40 of them paper and pencil and 137 online. This is a 62% return rate, 10% higher than three years ago. When one eliminates Community Action's 30 employees who work less than 15 hours a week and who may not have a work station or site (for instance Bus Monitors with pre-school children, custodians, and others) and were therefore very unlikely to complete a survey, the return rate rises to 69%. We are very pleased that our staff feels this level of engagement in agency-wide planning.

The survey sample drew from a broad range of staff. Almost half of the respondents reported working in Franklin County, 35.9% in Hampshire County, and 14.2% in North Quabbin. Since some employees work in more than one region, the survey allowed staff to check more than one region if applicable. The Human Resources Director provided statistics on worksite by region for comparison purposes; however, in this data, an employee is associated with only one region. According to these statistics, 61% of employees work primarily in Franklin County, 31% primarily in Hampshire County, and 7% mostly in North Quabbin. Based on this comparison, we can say that the sample is representative of staff from throughout the regions that we serve.

The amount of time that the staff who completed surveys had worked with the agency varied widely. Sixty-five percent had been employed at the agency for less than five years, compared with 75% of all agency employees. (Please refer to the graph below.) Responses to the survey were somewhat skewed in favor of the perspective of more senior employees.



The majority of respondents (61%) defined themselves as “direct service” employees, followed by supervisors (29%), coordinators (25%), clerical/data entry employees (22%), staff support employees (21%), directors (8%), and maintenance (5%). (Since most employees assume more than one type of responsibility, the survey asked staff to check more than one role if applicable, and the total of percentages is more than 100.) In terms of populations served, the majority of staff respondents reported working with families or children and youth (80.7%). This group included many preschool classroom teachers. The remaining respondents reported working with adults, with other staff, or other population combinations. Although the question was phrased to offer the opportunity to check off more than one client population, the online survey set-up prevented this, and respondents had to choose the group that best represented their work. According to the Director of Human Resources, 66% of agency employees work exclusively with children or youth.

h. Staff Planning Events

The agency hosted two staff planning events, one to which all staff were invited, and one for Department Directors.

The all-staff planning event, dubbed The Territory Ahead, was held on June 11th, 2008, in Sunderland, which is in the middle of our service area. Staff from all levels of the agency were encouraged to attend. Sixty-eight staff members from all levels of the organization attended, about one quarter of all staff. This is the group size we aimed for.

The Territory Ahead was planned to take place after analysis of surveys was complete and strategic issues had been identified based on this analysis, and after the Board of Directors had met to provide feedback on the choice of strategic issues. Having the all-staff event at this point in the planning process provided focus for staff input about what our goals should be and how we should implement them.

Based on input from the surveys and from the Board, the Strategic Planning Committee had identified seven key strategic issues for staff input at The Territory Ahead. At the event, staff broke into smaller groups to address each issue. Each group was facilitated by two people with expertise in the issue area. Their charge was to review relevant data from the surveys with group members and to:

- ▶ Encourage everyone's input, good listening, etc.
- ▶ Make sure that ideas generated were clearly documented.
- ▶ Encourage a future orientation, a 3-5 year time frame and beyond.
- ▶ Encourage thinking about desired outcomes and strategies for getting there, without getting stuck in too many details.

Guidance from the break-out groups was instrumental in formulating the goals and strategies that are included in this Community Action Plan. Evaluations of the event by staff were uniformly very enthusiastic about the way the opportunity for

Objectives are not fate; they are direction. They are not commands; they are commitments. They do not determine the future; they are a means to mobilize the resources and energies of the business for the making of the future.

*- Peter F. Drucker,
Author of A Functioning
Society and Managing in
the Next Society*

providing input into the agency's direction was structured. Staff expressed a desire to know the results of follow-up planning activities and how implementation is proceeding. They also requested that the agency host a planning event annually so that they could provide more input as the Community Action Plan unfolds.

The Department Directors met later in June for an all-day retreat and provided further input to the strategic priorities and guidance for implementation, particularly related to identifying who would provide leadership in moving the agency forward toward its chosen goals if that had not yet been clearly defined. In addition, the Department Directors decided on a process for monitoring and advancing implementation toward strategic goals as the three-year planning period progresses. This will include an annual staff planning event.

i. Board of Directors Self-Assessment

Community Action's Board of Directors conducted a self-assessment using a survey from the Northeast Institute for Quality Community Action. The survey consisted of scoring twenty statements and responding to three open-ended questions. The response rate was 68%.

3. Secondary Data Collection

The Director of Development and Planning and a consulting professor of social work compiled information from a variety of local, statewide, and national data sources in order to create a meaningful context for the information we gathered in our surveys and focus groups. A list of the major sources of secondary data appears in the sidebar. Please refer to the endnotes for specific citations.

C. Methods of Synthesis and Prioritizing

The Development and Planning staff provided the Strategic Planning Committee with needs assessment information from the surveys, focus groups, and secondary data. Based on the needs within the purview of the agency that stood out as major issues, the Strategic Planning Committee identified strategic goals and priorities and gathered input from staff, Department Directors, and the Board of Directors to refine goals, provide guidance for implementation, and develop a structure to ensure adequate accountability over time. The goals and objectives set out in this Community Action Plan were articulated by the Director of Development and Planning together with the Strategic Planning Committee and were approved by the Board of Directors. The Director of Development and Planning compiled and composed this document, with the assistance of the Program Evaluation Coordinator and Executive Assistant.

Chief sources of secondary data:

- *2000 U.S. Census and 2006 American Community Survey*
- *Annie E. Casey Foundation*
- *Center for Economic and Policy Research*
- *Communities That Care Coalition*
- *Community Coalition for Teens*
- *Crittenton Women's Union*
- *Economic Policy Institute*
- *Massachusetts Budget and Policy Center*
- *Massachusetts Division of Labor and Workforce Development*
- *Massachusetts Department of Public Health*
- *National Low Income Housing Coalition*
- *National Priorities Project*
- *Project Bread*
- *Second Harvest*
- *SPIFFY Coalition*
- *The Brookings Institution*

D. Notification of Stakeholders

Notifying and including all stakeholders in the development of the agency's strategic plan and following the methodology outlined above are consistent with the agency's values, as adopted by the Board of Directors:

We believe that we can accomplish [our] mission only when our activities are directed by and inclusive of people with low incomes. Our efforts will be in response to local needs, conducted with an awareness of national trends and policies, organized within strong community-wide partnerships, and respectful of and sensitive to the diversity and strengths of all community members.

People who are or could be participants were included in our planning process through their input on our adult constituent survey and customer satisfaction surveys and via Community Representatives on our Board of Directors and Strategic Planning Committee. Staff received written and e-mail explanation of the Community Action Planning process and their important role in it. All staff had the opportunity to complete a staff survey and to attend The Territory Ahead planning event. Those who attended The Territory Ahead received a copy of the document outlining the strategic goals and priorities as well as the chosen process for monitoring progress that was approved by the Board. Department Directors heard updates at their regular meetings and at their own planning retreat.

The Board heard two presentations about the strategic planning process, one in October 2007 and one in June 2008, and it received updates as part of the Executive Director's Report at Board Meetings throughout the planning process. The Board was regularly represented on the Strategic Planning Committee, as well.

The organizations, schools, and faith-based communities that took part in our focus groups learned about our planning process there. Many colleagues from community organizations and schools learned about it when they received an e-mail invitation to complete our survey.

This document will be posted on our website, and we will mail a hard copy to many of our key stakeholders. All Community Development Block Grant (CDBG) applicants in Hampshire and Franklin Counties will have access, not only to the final document, but also to more detailed data relevant to their applications. The agency will also send out a series of press releases to local newspapers about the results of surveys and our plans. The Executive Director will present information from the Community Action Plan to the Chambers of Commerce in the service area.

Community Action's Stakeholders

- Residents of our service area who have low incomes, especially program participants
- Other marginalized groups: youth, new Americans, people of color, geographically isolated people, lesbian/gay/bisexual/transgender/questioning people
- Staff and Board of Community Action
- Other social service and advocacy agencies, as well as faith-based communities and schools
- Community planning & development bodies, including local governments
- Funders and donors

IV. COMMUNITY PROFILE AND NEEDS ASSESSMENT

A. Community Action's Service Area: Geography and Population Density

As previously stated, Community Action is the federally-designated Community Action Agency for Franklin and Hampshire Counties in Massachusetts. Some of our programs also serve the northwestern corner of Worcester County contiguous to Franklin County, in the North Quabbin region.

Community Action's service area is a combination of small rural towns and some larger, more urbanized areas that still retain a rural "flavor" – 2 cities and 48 towns in all. The total service area comprises 1,425 square miles inhabited by over 243,000 people, 17% of the area of the state and close to 4% of its population.³ Vermont and New Hampshire form the northern border. The Connecticut River runs through the middle of the area, which is about two thirds of what is known locally as the Pioneer Valley. Hampden County is to the south, with Connecticut just beyond. The closest larger city is Springfield to the south. Boston is two hours away to the east. The largest town in Hampshire County (Amherst) has a population of about 37,000, many of whom are students who attend the three colleges located there. The largest town in Franklin County (Greenfield) has a population of 18,000. The largest town in the North Quabbin region (Athol) has a population of about 11,000.

Franklin County covers 727 square miles⁴ and has 26 towns. In 2007 the estimated population was 71,602,⁵ growth of less than 100 people since the decennial census. Franklin County is just to the south of Vermont and New Hampshire. It has a low population density of just under 100 people per square mile and is the only rural county in Massachusetts. The fact that Franklin County is rural has a profound impact on everything from transportation, to racial and ethnic diversity, to access to medical care, to wages. All of these variables play out differently within the three socioeconomic regions in the county – the extremely rural West County hilltowns, the relatively more urbanized central region, and the economically depressed North Quabbin region to the east.

The North Quabbin region warrants special mention here. Made up of five towns in Franklin County and four towns in Worcester County to the east, it is an economically and socially interdependent area whose citizens possess a strong sense of local identity. For Community Action it has always been clear that serving the North Quabbin towns in Franklin County without serving *all* of North Quabbin makes no sense. We have included information and planning about all of the North Quabbin region in this Community Action Plan. In order to satisfy the mandate of our oversight agency, the Department of Housing and Community Development (DHCD), when we speak of Franklin County, we include all 26 towns in the county, and in order to maintain integrity and meaningfulness of data for the North Quabbin region, we report on it in its entirety, as well. This means that most of the time, information about the five Franklin County towns in the North Quabbin region is included in both information about Franklin County and about the North Quabbin region. (Please refer to the map on the next page.)

- *The nine towns in the North Quabbin region* had a total estimated population of 28,189 in 2006,⁶ in 348 square miles,⁴ an average density of just over 81 people per square mile.
- *The four towns with the greatest population* in Franklin/North Quabbin – Greenfield, Orange, Athol, and Montague – have 51.5% of the total population and only 14% of the total square miles, an average population density of 363 people per square mile. The remaining 26 smaller towns have an average population density of 55.7 people per square mile.^{4,5}

**Towns & Cities in
Community Action's
service area**

Franklin County

Ashfield
Bernardston
Buckland
Charlemont
Colrain
Conway
Deerfield
Gill
Greenfield
Hawley
Heath
Leverett
Leyden
Monroe
Montague
Northfield
Rowe
Shelburne
Shutesbury
Sunderland
Whately

**North
Quabbin/
Franklin
County**

Erving
New Salem
Orange
Warwick
Wendell

**North Quabbin/
Worcester County**

Athol
Petersham
Phillipston
Royalston

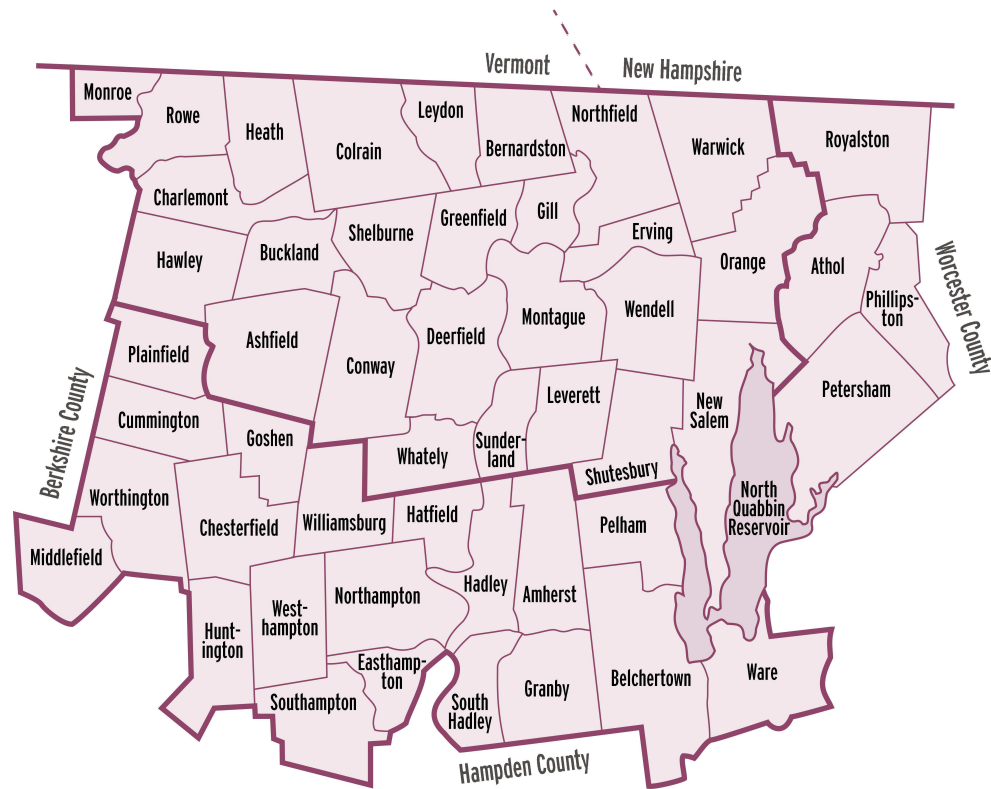
Hampshire County

Amherst
Belchertown
Chesterfield
Cummington
Easthampton
Goshen
Granby
Hadley
Hatfield
Huntington
Middlefield
Northampton
Pelham
Plainfield
South Hadley
Southampton
Ware
Westhampton
Williamsburg
Worthington

- Of the 30 towns in Franklin County and the North Quabbin region:
 - ▶ 7 have a population of under 1,000.
 - ▶ 13 have a population of between 1,000 and 2,000.
 - ▶ 2 have a population of between 2,000 and 3,000.

Hampshire County, located just south of Franklin County, is comprised of 18 towns and 2 cities in 529 square miles⁴ and in 2007 had an estimated population of 153,147,⁵ an average density of 289.5 people per square mile, with less than 1% population growth since the decennial census. The five largest municipalities, Northampton, Amherst, Easthampton, Belchertown, and South Hadley, have about 72% of the population and 28% of the total area, an average population density of 767 people per square mile. The 15 smaller towns have an average population density of 105 people per square mile. Of the 20 towns in Hampshire County:

- ▶ 4 have a population of under 1,000.
- ▶ 4 have a population of between 1,000 and 2,000.
- ▶ 4 have a population of between 2,000 and 3,000.



While Hampshire County is much more densely populated than Franklin County, the two counties have many similarities. One similarity is the two counties' north-south geographic and socioeconomic "parallelism." Like the West County area in Franklin County, Hampshire County's western Hilltowns are very rural, with all the issues related to access to services that implies. The central region is the most urbanized and densely populated. And in the east, the town of Ware, like its counterpart to the north, Athol, stands out because of its economic depression, with poor indicators of community health.

B. The Context of Rural Poverty

Community Action's service area and the agency itself are a microcosm of a socioeconomic dynamic common to rural areas and rural service organizations throughout the United States. Nationwide, poverty and unemployment rates are higher in rural areas than in metropolitan areas. Lack of jobs fuels an out-migration as people move away to find work. Rural adults have less formal schooling, and a greater share derive their livelihood from low-skill, low-wage jobs in manufacturing, extraction, and service industries. Employment in rural areas is more concentrated in minimum wage and part-time jobs, and people often must juggle multiple low-wage jobs to make ends meet. Employment is often seasonal, related to agriculture or tourism. The cost of owning and maintaining a vehicle is beyond the reach of many rural poor families, yet there is usually no other form of transportation available. Average earnings tend to grow more slowly in rural than in urban labor markets. A large portion of the rural populace is "working poor;" they may have lost, or never had, public benefits such as Temporary Aid to Needy Families (TANF, i.e. welfare), Food Stamps, or Medicaid, and they do not earn enough to meet basic needs.^{6,7,8,9}

Rural communities are quite often plagued by a lack of financial resources as well as by limited capacity and infrastructure.¹⁰ Rural housing stock is typically older and in poor condition, and there is an inadequate amount of affordable housing available.¹⁰ Lower population densities in rural areas make it more difficult to generate the threshold level of revenue that can make support services – public transportation, adult education and job training, child care, subsidized housing, emergency services, health and mental health care, and services for people with disabilities – economically feasible and easily accessible.^{6,7} Urban and suburban issues tend to dominate state politics, and rural residents are too far away from capital cities to participate in political decision-making. These factors make it difficult to gain the political attention and will to address rural issues.¹⁰

Of necessity, rural social service programs are smaller in scale compared with programs serving metropolitan areas. The lower numbers served by rural programs renders them less competitive for funding than comparable metropolitan programs. The local cash match sometimes required by funders is extremely difficult to raise in rural communities. With the number of newcomers to this country growing in rural areas, agencies face a new and costly necessity, attracting a pool of qualified job applicants who are bi-lingual/bi-cultural in many languages and cultures. The rising cost of health insurance and other employee benefits can cripple small rural agencies and take scarce resources away from direct service to people in need. Attracting and retaining qualified staff are huge problems when population is scarce and wages low.¹⁰

There is another side of this coin; rural communities and organizations often have special strengths upon which they can build creative responses to local issues. Volunteerism, self-reliance, community-building, and family are vital core values in rural areas. People of all income levels tend to live, shop, attend school and town

"...many low-income families...end up paying far too much for many of life's necessities...In rural communities ...shopping near home, when available, may mean paying more for food, clothing, furniture, or any of the many items that all families need....When all is said and done, many rural Americans pay more because they are poor. They pay more to participate in the workforce [for instance, by having to drive long distances in unreliable cars financed at high interest rates], and more for the basic financial mechanisms that families need to save, build assets, and get ahead. They cannot save enough to acquire assets because a disproportionate share of their income goes into paying for subsistence."

The High Cost of Being Poor: What it takes for low-income families to get by and get ahead in rural America, Annie E. Casey Foundation, 2004.

meetings, and participate in community life together, building social “bridges” that often do not exist in suburban and urban communities where there is more socioeconomic segregation. Local decision-makers are more accessible than in urban areas, and governing bodies like School Boards and Boards of Health are more likely to have people from a mix of class backgrounds. Service organizations have a history of developing and maintaining successful cross-sector collaborations because this is the only way to maximize scarce resources.¹⁰

C. The National and State Context:
Income Inequality, Tax Policy, and Economic Mobility

Community Action and the people and communities we serve function within the economic and governmental systems in Massachusetts and the United States, and within a larger public policy and tax structure. These have a tremendous influence on the needs of local citizens and on the strength of our community and our agency to meet them. There is a “social contract” between the governed and the government that government should support the public good and underwrite the American Dream, the belief that hard work will pay off with a better quality of life, that “moving up” is possible for anyone. In this social contract, the government has the role of creating and regulating public structures that underwrite fairness and equal opportunity to get ahead – things like free public education; student loan programs; protection of the vulnerable; supports for lower-income workers such as child care and the Earned Income Tax Credit; and entrepreneurial incentives.

However, income inequality in this country has returned to levels not seen since the years before the Great Depression,¹¹ and it is due in part to government policies that actually reduce opportunity and inhibit upward mobility. The American Dream is fraying.¹²

Income Inequality. According to the Economic Mobility Project, “for nearly 30 years after the end of World War II, productivity growth and median household income [in the United States] rose together in lockstep. Then, beginning in the mid-1970s, we see a growing gulf between the two, which widens dramatically at the turn of the century....The benefits of productivity growth have not been broadly shared in recent years.”¹³

*The increase in income inequality (both pre- and post-tax) as measured by the change in the shares of income going to different income classes, was greater from 2003 to 2005 than over any other two-year period covered by the CBO [Congressional Budget Office] data. Over these years, an amazing \$400 billion in pre-tax dollars was shifted from the bottom 95% of households to those in the top 5%. (All income data in this report are inflation adjusted and in 2005 dollars.) In other words, had income shares not shifted as they did, the income of each of the 109 million households in the bottom 95% would have been \$3,660 higher in 2005.*¹⁴

As the economic “pie” in the country and state has grown, richer individuals have been “eating” it much faster than poorer ones. The ability of lower income households to increase the size of their “slices” has diminished over time.

“There are more children living in poverty today than there were 38 years ago even though the current value of the national wealth available per person is more than twice what it was at that time. The continued growth of our society’s material resources has provided a tremendous opportunity to alleviate childhood poverty, promote economic justice, and ensure that the basic needs of all Americans are met. Sadly, our nation’s growing bounty is not being justly shared by all. America has failed to take full advantage of its growing wealth by making the necessary public investments to protect low-income families and children from economic insecurity and material deprivation.”

Children’s Defense Fund,
State of America’s
Children 2005

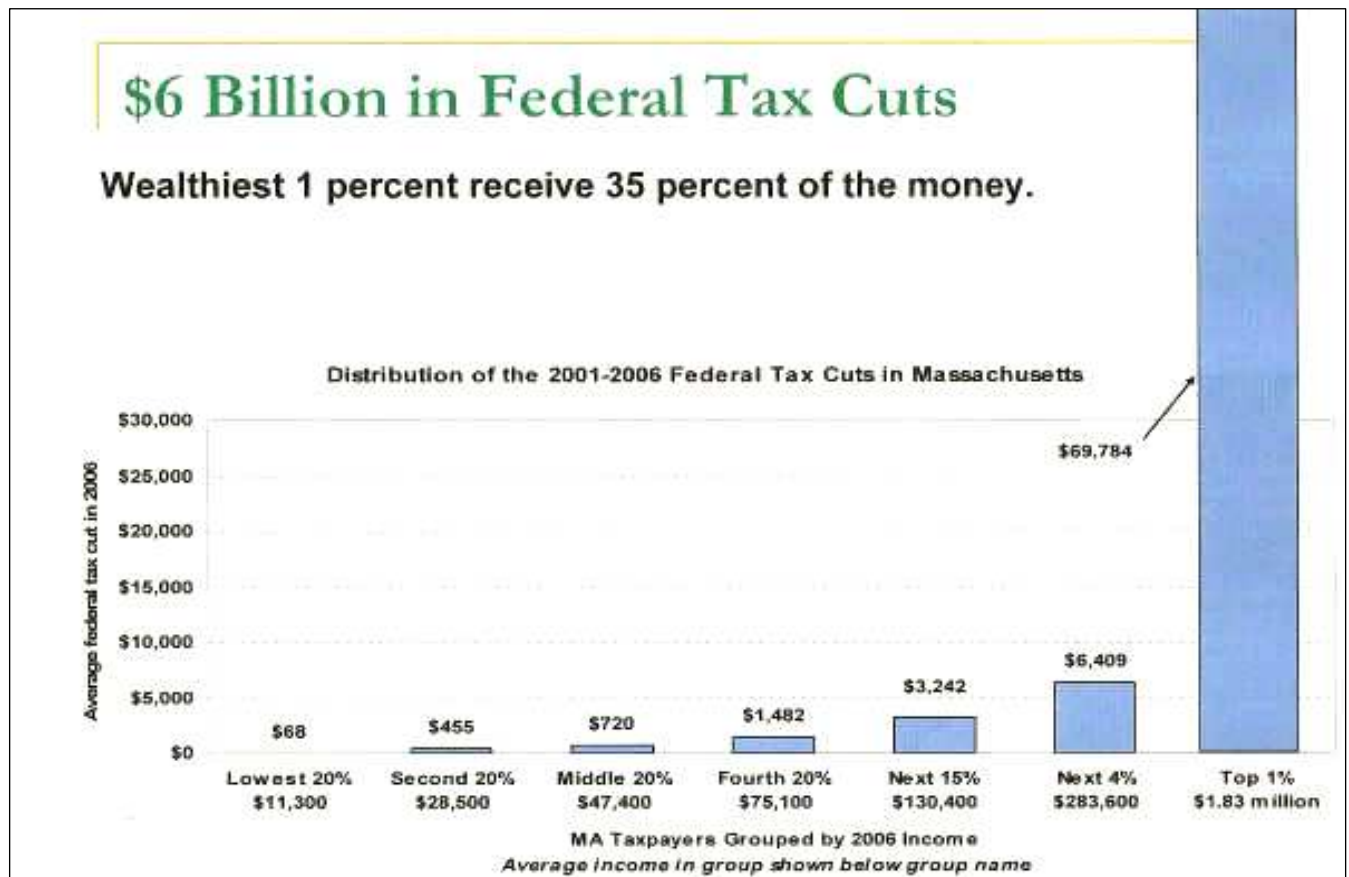
Currently in the United States,

[O]ne third of families are not as well off as their parents, and for many of those who are better off, their improved status is a direct result of women moving into the workforce and the emergence of two-earner families. ...82% of those born into poverty have somewhat higher incomes than their parents; but only 36% make it into the middle class or higher. Those born black and poor have even less of a chance and in fact are at risk of not remaining middle class even if their parents were.”¹¹

In Massachusetts, this national trend toward ever greater income inequality is quite evident. The gap between the richest and poorest families is the fourth largest in the nation. From the late 1980s to the mid-2000s, the average income of the poorest fifth of families did not change significantly. The middle fifth saw an increase of 16.2%, the top fifth a growth of 44.4%, and the top 5% a growth of 89.5%.¹⁵

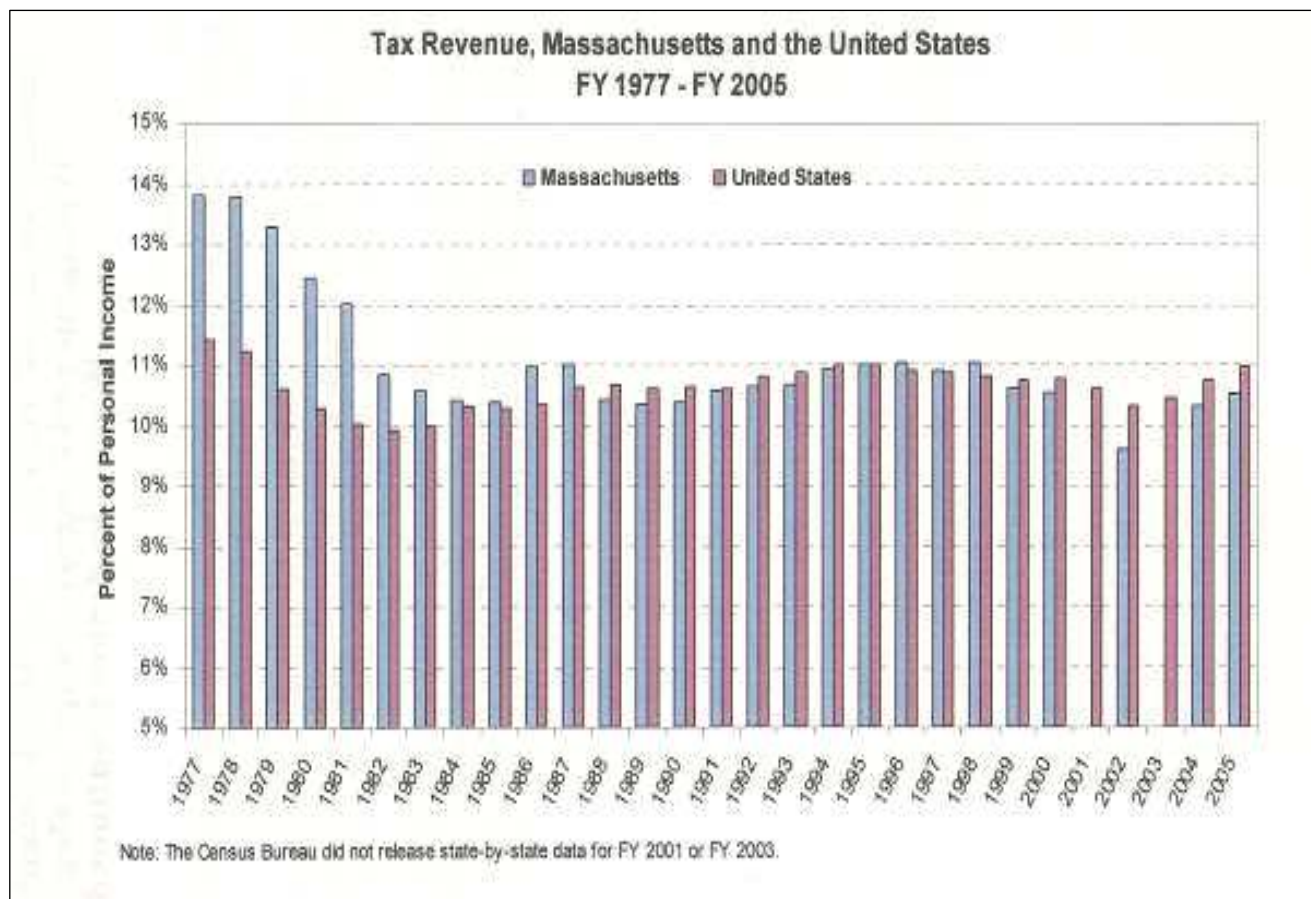
Tax policy. Tax policy and tax-supported government programs, like many of the ones that Community Action sponsors, are ways that we in this country have sought to shore up the buying power of lower-income households and assure some degree of economic mobility. However, the past few decades have seen significant tax cuts and erosion of expenditures on public programs at both the national and state levels. For instance, in the spring of 2005, both houses of Congress passed a joint budget resolution that set out guidelines and limits on federal spending and revenues for the following five years.¹⁶ This resolution also contained instructions for cutting \$35 billion in non-discretionary programs for the same time period, including reductions in Medicaid, student loan programs, Food Stamps, Supplemental Security Income, and Temporary Aid to Needy Families (welfare). At the same time, the resolution sanctioned \$106 billion in tax breaks in the face of significant federal budget deficits and rising military expenditures.¹⁶

Federal tax breaks have benefited the wealthy far more than the poor. The graph below shows how the federal tax cuts in 2001-2006 were distributed among the various economic groups in Massachusetts.¹⁷



Nowhere are the priorities of the Congress and the President more clearly defined than in how our federal taxes are spent. For 2007, the average Franklin County household paid about \$3,000 in federal income taxes, while in Hampshire County it was closer to \$4,000. Over 42% went to the military, including a small portion for veterans' benefits; 22% to health care (mostly Medicaid and Medicare); less than 8% to anti-poverty programs; 4.4% to education, training, and social services; 3.3% to housing and community development; and 10.2% to interest on non-military debt.¹⁸

The Commonwealth has also cut taxes, which are lower now than they were near the end of the 1970s and for most of the 1980s and 1990s. Over the past 28 years Massachusetts has reduced tax revenue relative to economic resources more than all but one of the states.¹⁸ With taxes now well below the national average, the Commonwealth no longer deserves the moniker "Taxachusetts." In the past six years alone, Chapter 70 education aid has gone down 10%, funding for environmental programs by over 23%, higher education by more than 17%, and local aid by over 14%.¹⁸ State spending on human services decreased from 2.28% of total spending in 1994 to 1.67% in 2006, a decrease of over 25%.¹⁹ The following graph shows the decrease in state taxes since 1977.¹⁸



Within these national and state priorities, there is little room for encouraging the type of economic development that is likely to reduce poverty in the long run – development that creates a mix of employers and job levels, jobs that pay a living wage and good benefits, and education for people who need it.²⁰

One bright light in this picture is the July 2008 vote in the Massachusetts Legislature to enact corporate tax reform that will significantly reduce opportunities for corporate tax avoidance, improving the fairness and efficiency of the state tax system. This legislation cuts corporate income tax rates, but by less than the amount

saved by reducing tax avoidance. As a result, new revenues will be available to fund investments in public infrastructure, education, and other essential building blocks for a stronger state economy.²¹

The role of social services. Even if government support of social service programs were increased, however, they would also need to fundamentally change from an approach of short-term help – band-aids to protect against only the roughest edges of poverty – to an approach that makes work pay and helps people develop the assets they need to build for their future, for example, education and homeownership.

Most government-funded income supports and social services are not designed to serve working families with earnings above the poverty threshold, let alone promote longer-term economic stability and mobility.^{22,23} Low-wage workers typically do not have access to employment-based benefits such as employer-provided health insurance, paid sick days, or disability insurance that help protect many workers from financial disaster, and publicly-funded work supports such as Food Stamps, Medicaid, housing assistance, child care subsidies, and the Earned Income Tax Credit bring only 10% of families closer to a minimum middle class standard (affordable housing, health insurance, healthy diet, adequate clothing, child care, etc.).^{10,23}

One exception to this general rule is the Individual Development Account (IDA) program, which has received both federal and state support in recent years, and which matches low-income families' savings toward homeownership, education, or small business start-up three-to-one. Community Action runs an IDA program, CommonCents.

Conclusion. Right now the U.S. economy is in a recession; the total "pie" is not only being shared unequally, it is shrinking in size. Prices of basic goods and services are rising with breathtaking speed. As one respondent to our community organization survey put it, "this is the 'gathering storm' facing the poor, and we need effective public response." In this context of widening income inequality, inadequate social support, and truly frightening inflation, we asked local community organizations and our staff what they think the most important issues facing people with low incomes, families with young children, and youth will be in the next 3 – 5 years, and what Community Action's role should be. As was true three years ago – and three years before that – by far the most frequently named unmet needs were the basic things that allow daily existence to hold together: jobs that pay a living wage; transportation (especially for people who live in the most rural parts of our region); nutritious food; safe and affordable housing; heat in the cold months; health and dental care and insurance to cover costs; and high quality, affordable child care that is available during parents' working hours.

To put it another way, the foundation that people with low incomes need in order to move out of poverty simply does not exist. The problems facing the people

"It's the economy, stupid!"

Several respondents to community organization and staff surveys

"There will be more low-income people in the next 5 years. Community Action should be more aggressive with voter registration and education about how elected officials impact the economy. Without dealing at the cause, Community Action will always be doing band-aid work."

A respondent to our community organization survey

"Some community-wide planning for economic disaster might be a good idea."

A respondent to our community organization survey

The problems are "public policy and tax structure that keep money and resources from getting to people who have less. War. Wages that aren't high enough for people to be able to support themselves; work doesn't pay. We need to raise more money and be more visible telling the story of what it's like and how things could be different."

A respondent to our staff survey

served by Community Action are so fundamental, so deeply imbedded in economic and tax policies, that no one agency – no matter how big or comprehensive – can fully address them. One respondent to our community organization survey summed up his or her thoughts about where Community Action’s energies should go: “[We need] effective political action to change taxation and spending policies in the state. Also effective economic development that brings better-paying jobs to the region.” We agree. We will be here to do whatever we can to assure that our constituents are warm and fed and sheltered and educated. And we will also be a voice for larger change, with them and on their behalf.

D. Economic Profile:

Poverty, Unemployment, Wages, and the Cost of Living

1. Introduction

Historically, the largest employment sector in Community Action’s service area has been manufacturing, which provided jobs with potential for upward mobility for workers with lower levels of education. Manufacturing has been on the decline in the past 20 years but is still important in the region. The largest employers in the area are now health care and education, which has advancement potential for better-educated workers.

Construction, alternative energy development, retail, leisure, and hospitality are growing in importance. Retail, leisure, and hospitality offer lower wages and little possibility for advancement. The job market is dominated by small employers; 88% have fewer than 20 employees, and only 1.95% have over 100, including Community Action. Local wages are 68% of the statewide average and have increased at a slower rate than statewide.³

Low wages, high proportions of lower-income workers, and moderate unemployment rates characterize Community Action’s service area more than high levels of officially-defined poverty. Wages simply do not allow complete self-sufficiency for a large portion of the populace. The following table shows *per capita*, median household, and median family income for the regions in our service area in comparison with Massachusetts and with the nation as a whole. Hampshire County appears more prosperous than Franklin County, and both counties appear more prosperous than the North Quabbin region. Later sections will address this “prosperity” relative to the cost of living in each region. Suffice it to say that, in a wealthy state, Community Action’s service area is on the lower end of the economic scale, more on par with the national average than the state average.

Source: 2000 U.S. Census <i>(the most recent source with comparable data for all geographies)</i>	United States	Massachusetts	Franklin County <i>(all towns)</i>	North Quabbin <i>(9 towns)</i>	Hampshire County
Per capita income	\$21,587	\$25,952	\$20, 672	\$18,025	\$21,685
Median household	\$41,994	\$50,502	\$40,768	\$37,851	\$46,098
Median family income	\$50,046	\$61,664	\$50,915	\$45,442	\$57,480

2. Economic Profile: Franklin County and the North Quabbin Region

a. Poverty

In Franklin County and North Quabbin, the proportion of people with income below 100% of the Federal Poverty Level (FPL) tends to be lower than the statewide average, while the poverty rate for children under 18 is higher in Franklin County and lower in North Quabbin. At the time of the 2000 Census, 25.9% of the population of Franklin County had income below 200% FPL, and 27.7% in North Quabbin did, compared with the statewide average of 21.7%.²⁴ In the larger towns, this rate was higher, 34% in Greenfield, 31% in Montague,

29% in Orange, and 31.8% in Athol. The poverty rate for single mothers with very young children is far higher than for any other family type.

Selected poverty data for Franklin County and the North Quabbin Region, 2000 U.S. Census

	Individuals with income below 100% FPL	Children under 18 with income below 100% FPL	Individuals with income below 200% FPL	Single parent/female-headed households with children under 5 years, income below 100% FPL	Single parent/male-headed households with children under 5 years, income below 100% FPL
<i>Massachusetts</i>	9.3%	12.95	21.7%	39.9%	14.2%
<i>Franklin County</i>	9.4%	13.3%	25.9%	41.9%	21.8%
<i>North Quabbin</i>	8.3%	9.9%	27.7%	37.3%	20.8%

b. Unemployment

The unemployment rate in Franklin/North Quabbin is very close to the statewide rate and goes up and down in a pattern similar to the statewide pattern.²⁵ Unemployment rates in Franklin County and North Quabbin have been climbing lately and are close to the national average of 6.1%, but in the North Quabbin region they are tending higher.²⁶

Unemployment Rates in Franklin County and the North Quabbin Region (not seasonally adjusted)²⁵

Region/town	Unemployment rate, August 2008	Range of unemployment rate, August 2007 – August 2008
<i>MASSACHUSETTS</i>	5.1%	3.8% - 5.3%
<i>Franklin County</i>	5.0%	3.5% - 5.2%
<i>Greenfield Micropolitan NECTA (New England City and Town Area) (central region)</i>	5.3%	3.7% – 5.4%
<i>Athol Micropolitan NECTA (North Quabbin region, including Orange in Franklin Cty.)</i>	6.9%	5.0% - 6.9%

c. Wages

As the table below illustrates, wages in Franklin County and the North Quabbin region are much lower than statewide averages.²⁷ The higher unemployment and lower wage figures in the North Quabbin region speak to the relative economic depression there.

Average weekly full-time wages for jobs in these regions/towns, all industry ownerships and types²⁷

Region/town	1 st quarter 2008	% of state average 2008
<i>MASSACHUSETTS</i>	\$1143	(100%)
<i>Franklin County</i>	\$ 670	58.6%
<i>Greenfield Micropolitan NECTA (Central region)</i>	\$ 645	56.4%
<i>Athol Micropolitan NECTA (North Quabbin region, including Orange)</i>	\$ 607	53.1%

The information gathered in our surveys of our adult constituents under age 65 from 1999 to 2008 brings some local “color” to bear on these otherwise sterile data. Things can get pretty tough for a lot of the people we serve.

In the past year, I...	1999 Survey	2002 Survey	2005 Survey	2008 Survey	
				Franklin County	North Quabbin
was unemployed at some point.	36.0%	62.0%	66.0%	59.5%	51.9%
was underemployed (not enough hours).	10.0%	46.0%	55.2%	n/a	n/a
had to work more than one job or more than 40 hours a week to make ends meet.	n/a	40.0%	45.0%	4.6%	7.4%
				Asked only if respondent had to work more than 40 hrs./wk.	

d. The Self-Sufficiency Standard

It is essential to consider the cost of living, not only wages, employment, and poverty, when assessing the need for Community Action’s services. In order to fully grasp the relationship between income and cost of living, researchers have created the Self-Sufficiency Standard, which measures how much income is needed for a family of a given composition in a given place to adequately meet its basic needs without public or private assistance such as Food Stamps, Fuel Assistance, or help from family.

Having income at the Self-Sufficiency Wage means you can maintain a decent (but nowhere near extravagant) standard of living without having to choose between basic necessities in order to stay afloat financially – no skipping meals so you can pay the rent, no being late on your rent when your car needs a repair – but no entertainment or vacations, either. The Self-Sufficiency Wage includes income from the once-yearly Child Care Tax Credit. The income required to be self-sufficient is much higher than the Federal Poverty Level.

The Self-Sufficiency Standard was updated in 2003 and then again in 2006 but has not been updated since.^{28,29} There is every reason to think that the Self-Sufficiency Standard has increased at least as much in the past two years as it did during the previous two years, if not more given recent sharp increases in gas, fuel, and food costs. In Franklin County, the Self-Sufficiency Wage rose over 11% between 1998 and 2003, and just under 12% more from 2003 to 2006, while average wages grew only 7.1%. Wages have increased 4% since then. The minimum wage did not increase from 2003 to 2006 but on July 1, 2007, it went from \$6.75/hour to \$7.50/hour and again on January 1, 2008, to \$8.00/hour, an annualized increase for a full-time worker of \$2,600 or 18.6%.

The table on the next page shows what the average wage vs. the Self-Sufficiency Wage in Franklin County is for two different household configurations. Basic needs are much more affordable the fewer children under school-age in the household, or when there are two wage earners making at least an average wage. Almost all the households that use Community Action services have income well below the Self-Sufficiency Wage. Almost 50% of the people we served last year had income below 100% of the Federal Poverty Level,³⁰ which is 50% - 60% below the Self-Sufficiency Wage. Even income at 200% FPL – which is a high level of income among the people we serve – is just about even with the self-sufficiency level. It is clear, then, why the need for Community Action’s income support and emergency assistance services is so high – and just how big a gap individuals and families must cross in order to become economically self-sufficient.

Self-Sufficiency Wage Data: Franklin County, Massachusetts

	Self-Sufficiency Wage: 1 adult, 1 infant, 1 preschool age	Avg. weekly wage annualized, 40 hrs./wk., 52 wks., before taxes ²⁷	One min. wage worker, 40 hrs./wk., 52 wks., before taxes	Income at 100% Federal Poverty Guideline ¹ (Head Start eligibility)	Self-Sufficiency Wage: 2 adults, 1 preschool age, 1 school age	Avg. weekly wage annualized, 40 hrs./wk., 52 wks., before taxes ²⁷	Two min. wage workers, 40 hrs./wk., 52 wks., before taxes	Income at 100% Federal Poverty Guideline ¹ (Head Start eligibility)
2006	\$48,212	\$31,980	\$14,040	\$16,600	\$50,700	\$63,960	\$28,080	\$20,000
2008		\$34,840	\$16,640	\$17,600		\$69,680	\$33,280	\$21,200
Ratio to 2006 Self-Sufficiency Wage		-27.7% (before taxes)	-65.5% (before taxes)	-52.8% (before taxes)		+37.4% (before taxes)	-34.4% (before taxes)	-58.2% (before taxes)

In the North Quabbin region, the cost of living is slightly lower than for Franklin County as a whole, and average wages are lower, as well.

Self-Sufficiency Wage Data: North Quabbin, Massachusetts

	Self-Sufficiency Wage: 1 adult, 1 infant, 1 preschool age	Avg. weekly wage annualized, 40 hrs./wk., 52 wks., before taxes ²⁷	One min. wage worker, 40 hrs./wk., 52 wks., before taxes	Income at 100% Federal Poverty Guideline ¹ (Head Start eligibility)	Self-Sufficiency Wage: 2 adults, 1 preschool age, 1 school age	Avg. weekly wage annualized, 40 hrs./wk., 52 wks., before taxes ²⁷	Two min. wage workers, 40 hrs./wk., 52 wks., before taxes	Income at 100% Federal Poverty Guideline ¹ (Head Start eligibility)
2006	\$45,942	\$29,640	\$14,040	\$16,600	\$47,823	\$59,280	\$28,080	\$20,000
2008		\$31,356	\$16,640	\$17,600		\$62,712	\$33,280	\$21,200
Ratio to 2006 Self-Sufficiency Wage		-31.7% (before taxes)	-63.8% (before taxes)	-61.7% (before taxes)		+31.1% (before taxes)	-30.4% (before taxes)	-55.7% (before taxes)

It is no surprise that many of the respondents to our surveys had to use credit to pay for basics and that credit history and high interest posed problems for many of them.

In the past year...	Franklin County N = 206	North Quabbin N = 54
I borrowed money from friends/family to pay for basics (rent, food, gas, etc).	45.5%	49.2%
I used my credit card to pay for basics because I didn't have enough money.	27.4%	34.9%
My credit rating kept me from getting a loan or a low interest rate.	31.3%	34.9%
I paid high interest on my credit card.	26.0%	33.3%

Perhaps better than any specific measure of financial difficulties, the answer to the question we asked on our surveys regarding whether or not a family was better off than three years ago illustrates the relative buying power over time of Franklin County and North Quabbin residents with lower income. The general trend is downward.

Compared with three years ago, we are financially....	2002	2005	2008	
			Franklin County	North Quabbin
Better off	17.6%	19.7%	11.6%	13.3%
About the same	39.3%	42.8%	38.7%	40.0%
Worse off	43.1%	37.5%	48.7%	46.7%

Source: Community Action needs assessment surveys

3. Economic Profile: Hampshire County

a. Poverty

In Hampshire County, the proportion of people with income below the Federal Poverty Level (FPL) was a bit below the state average in 2004, 9.7% vs. 9.9%, as was the rate of children under 18 living in poverty, 11.1% vs. 12.8% statewide.³¹ In 2000, 22.8% of people in Hampshire County had income below 200% of the Federal Poverty Level, just above the statewide average.²⁴ Almost 50% of single female-headed households with related children under 5 had income below 100% FPL, and almost a quarter of single male-headed households did as well.²⁴

b. Unemployment

The unemployment rate in Hampshire County is very close to the statewide rate and goes up and down in a pattern similar to the statewide pattern.²⁵ Except for the eastern town of Ware, local unemployment rates are well below the current national unemployment rate of 6.1%.²⁶

Unemployment rates in Hampshire County (Not seasonally adjusted)²⁵

Region/town	Unemployment rate August 2008	Range of unemployment rates, August 2007 – August 2008
MASSACHUSETTS	5.1%	3.8% - 5.3%
Hampshire County	4.2%	3.1% - 4.8%
Ware (eastern Hampshire County/Quaboag Hills region)	6.8%	4.3% - 6.8%
Amherst Center Micropolitan NECTA (Central region)	3.6%	2.1% - 4.9%

In this year's needs assessment survey, 41.5% of Hampshire County respondents under age 65 said they had been unemployed at some point in the past year.

c. Wages

As the table on the next page illustrates, wages in Hampshire County are much lower than statewide averages.²⁷ The higher unemployment and lower wage figures in Ware, south of the North Quabbin region in Franklin County, demonstrate the relative economic depression there.

Average weekly full-time wages for jobs in these regions/towns, all industry ownerships and types²⁷

Region/town	1st quarter 2008	% of state average 2008
MASSACHUSETTS	\$1143	(100%)
Hampshire County	\$ 725	63.4%
Ware (eastern/Quaboag Hills region)	\$ 746	65.3%
Amherst Center Micropolitan NECTA (Central Region)	\$ 791	69.2%

d. Self-Sufficiency Standard

The following table compares average wages, minimum wage, and poverty level income with the Self-Sufficiency Standard in Hampshire County. Because the cost of living is so high – driven mostly by the higher cost of housing – the gap between actual income and what is needed to pay for basic needs is often greater than in Franklin County and North Quabbin.

Self-Sufficiency Wage Data: Hampshire County, Massachusetts

	Self-Sufficiency Wage: 1 adult, 1 infant, 1 preschool age	Avg. weekly wages annualized, 40 hrs./wk., 52 wks., pre-tax²⁷	One min. wage worker, 40 hrs./wk., 52 wks.,* pre-tax	Income at 100% Federal Poverty Guideline¹ (Head Start eligibility)		Self-Sufficiency Wage: 2 adults, 1 preschool, 1 school age	Avg. weekly wage annualized, 40 hrs./wk., 52 wks., pre-tax²⁷	Two min. wage workers, 40 hrs./wk., 52 wks.,*pre-tax	Income at 100% Federal Poverty Guideline¹ (Head Start eligibility)
2006	\$52,509	\$36,192	\$14,040	\$16,600		\$55,170	\$72,384	\$28,080	\$20,000
2008		\$37,700	\$16,640	\$17,600			\$75,400	\$33,280	\$21,200
Ratio to 2006 Self-Sufficiency Wage		-28.2% (before taxes)	-68.3% (before taxes)	-66.5% (before taxes)			+36.7% (before taxes)	-39.7% (before taxes)	-61.6% (before taxes)

In Hampshire County, too, many respondents used credit to pay for basics and had trouble with high interest and poor credit ratings.

In the past year....	Hampshire County N = 212
I borrowed money from friends/family to pay for basics (rent, food, gas, etc.).	45.8%
I used my credit card to pay for basics because I didn't have enough money.	39.2%
My credit rating kept me from getting a loan or a low interest rate.	40.6%
I paid high interest on my credit card.	41.0%

Compared with Franklin/North Quabbin, Hampshire County respondents to our survey were more likely to be at about the same point financially as they were three years ago (43.2% vs. about 39%) and less likely to be better off (9.7% vs. about 12%). About 47% said they are worse off, close to the percentages for Franklin and North Quabbin.

“The population gain [in rural America] since 1990 has been driven primarily by migration, accounting for approximately two thirds of the growth, a phenomenon that has also increased diversity within rural areas. Minorities constituted nearly 39% of the population gains in non-metropolitan counties. Latinos are one of the larger minority groups moving to rural counties, bringing both the benefits of their labor, and challenges to communities seeking to provide education and social services to them.”

Issue Brief: The Changing Face of Rural America, Rural Sociological Society, Number 1, January 2006.

E. Race, Ethnicity, and English Proficiency

The “diversity of the diversity” in Franklin and Hampshire Counties is unusual for a rural area. Particularly in Hampshire County, people come here from a large number of different countries and speak many different languages. According to the Center for New Americans, in the past couple of decades Franklin and Hampshire Counties have welcomed people from 40 countries who speak 25 different languages.³² The number of undocumented immigrants is increasing, especially those from Latin America, China, and other Asian countries. Immigration from former Soviet bloc countries and Brazil has slowed down. For the future, the U.S. can anticipate an increase in refugees and immigrants from Iraq and Afghanistan, but it is unknown if they will settle in our service area.³³

Newcomers’ willingness to use the services offered by Community Action depends on several factors. The longer people have been in the U.S. and come to understand how things function here, the more likely they are to make use of social services. The more familiar they or family and friends are with any particular organization, the more likely they are to use it. How vulnerable a person is to deportation also comes to bear since there may be fear of being reported to the Department of Homeland Security.³³

1. Race, Ethnicity, and English Proficiency: Franklin County and the North Quabbin Region

There is relatively less racial and ethnic diversity in Franklin County and the North Quabbin region than in most places in the Commonwealth. However, the diversity is increasing, especially in the population centers.

As mentioned earlier, Franklin County and the North Quabbin region have experienced very low population growth in the past 20 years. Much of it can be attributed to an increase in the non-white population. In Franklin County in 1990, the population of the 26 towns was 97.1% white/non-Latino, and in 2000 it was 95.9% white/non-Latino. In the intervening 10 years, the county’s population grew 2%, with almost 70% of that increase resulting from growth in the Black, Asian, and Latino populations. In the North Quabbin region, almost all of the low population growth is attributable to growth in minority group populations.³⁴

In 1990, 25% of the foreign-born residents of Franklin County had entered the U.S. during the previous decade. By 2000, that percentage was 42.6%, and there were 62% more foreign-born residents than in 1990. (N = 2,610)³⁴ Close to 46% of all immigrants in the past decade have come from Europe, with the largest single portion (34%) originating in Eastern Europe, including a sizable influx of newcomers from Moldova, Romania, and Russia. Almost 26% of foreign-born newcomers to Franklin County came from Asia, with a majority of those (54%) from China. Just over a quarter of newcomers in the past decade came from Latin America, almost all of them from Spanish-speaking nations.³⁵ In addition, about 266 people who were born in Puerto Rico lived in Franklin County in 2006.³⁶

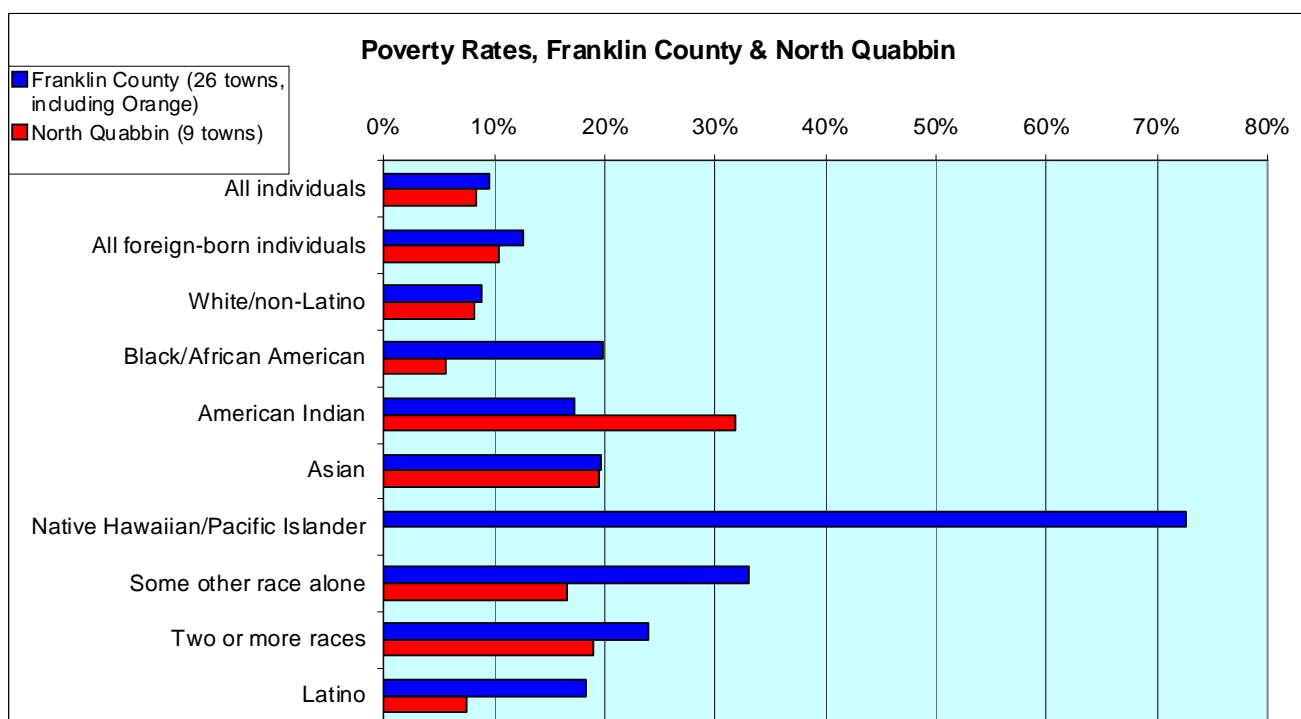
Unlike Franklin County, in North Quabbin there was a smaller number and percentage of foreign-born residents in 2000 than there was in 1990.³⁴ About 60 people who had been born in Puerto Rico lived in the North Quabbin region in 2000. More recent data is not available.

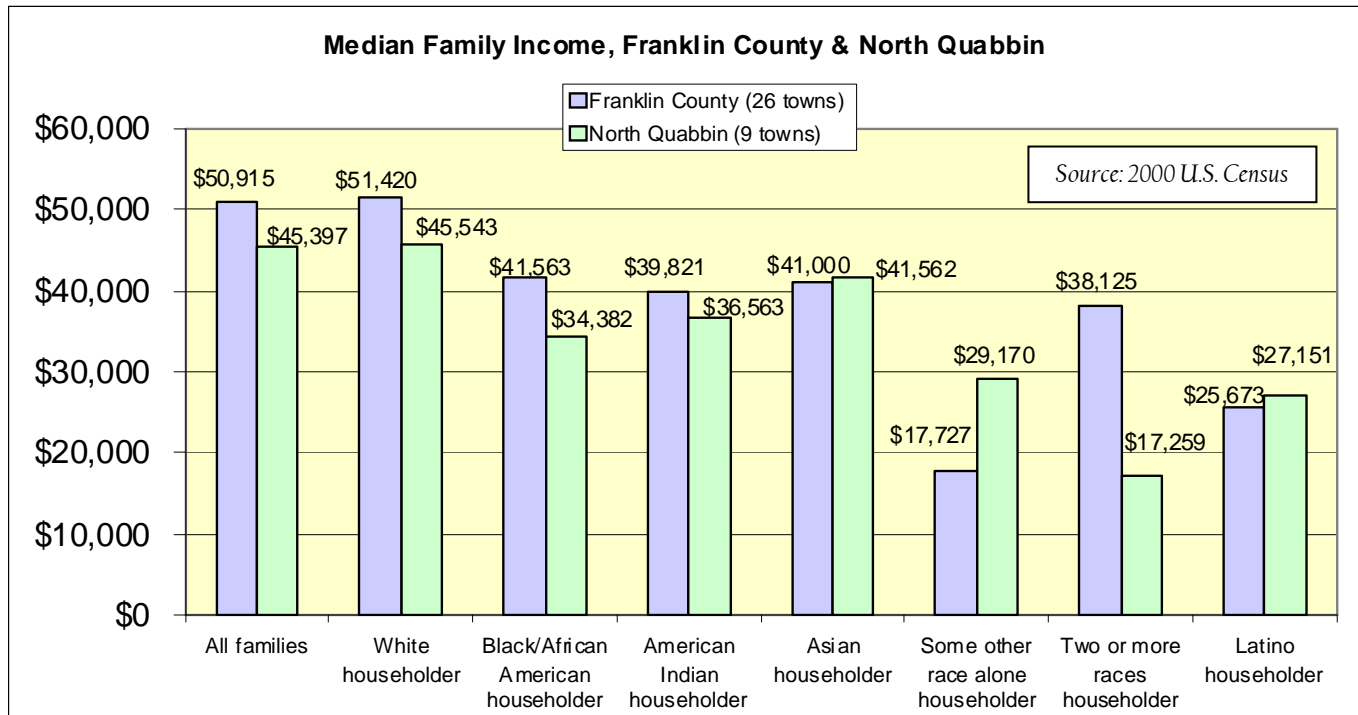
Population Growth	Franklin County (26 towns)	North Quabbin (9 towns)
% white non-Latino 1990	97.1%	97.6%
% white non-Latino 2000	95.9%	95.4%
% population growth 1990 - 2000	2%	2.5%
% population growth attributed to growth in minority populations	70%	91.1%
% of all foreign-born residents who entered U.S. 1980 to 1990	25%	8.7%
% of all foreign-born residents who entered U.S. 1990 – 2000	42.6%	12.1%
% of total population that was foreign-born, 2000	3.6%	2.3%
Change in % of foreign-born residents 1990 – 2000	+62% Total ≈ 2610	-14.6% Total ≈ 626

Source: 1990 and 2000 U.S. Census

Not unexpectedly, newcomers to the U.S. and members of racial/ethnic minorities are over-represented among the population with low income in Franklin County and North Quabbin, as the graphs below illustrate.

Source: 2000 U.S. Census





In 2000, 93.8% of all Franklin County residents spoke English as a first language, and 97.9% spoke English very well. In North Quabbin 95.3% of all residents spoke English as a first language, and 99% spoke English very well.²⁴ In the 2007/2008 year, the public schools in Franklin County (excluding the towns in North Quabbin), 3.7% of students did not speak English as a first language, and 1.6% of students were Limited English Proficient. In North Quabbin these percentages are even lower; .9% of students had a first language other than English, and .5% of all students were Limited English Proficient.³⁷ Of the 360 children age 0 - 5 enrolled in Community Action's Head Start and Early Head Start programs in Franklin County in 2007/2008, 95.3% heard and/or spoke English at home, 3.5% Spanish, and 1.2% other languages, including Urdu, Russian, Vietnamese, and Korean.

In this context, speaking a language other than English and having a cultural identification different from "mainstream America" can be quite isolating. Financially strapped schools, early educators, and social service agencies struggle to provide culturally-sensitive programming for one child from one country, two from another, and one more from a completely different part of the world. We are at the beginning of the curve of change to multi-culturalism.

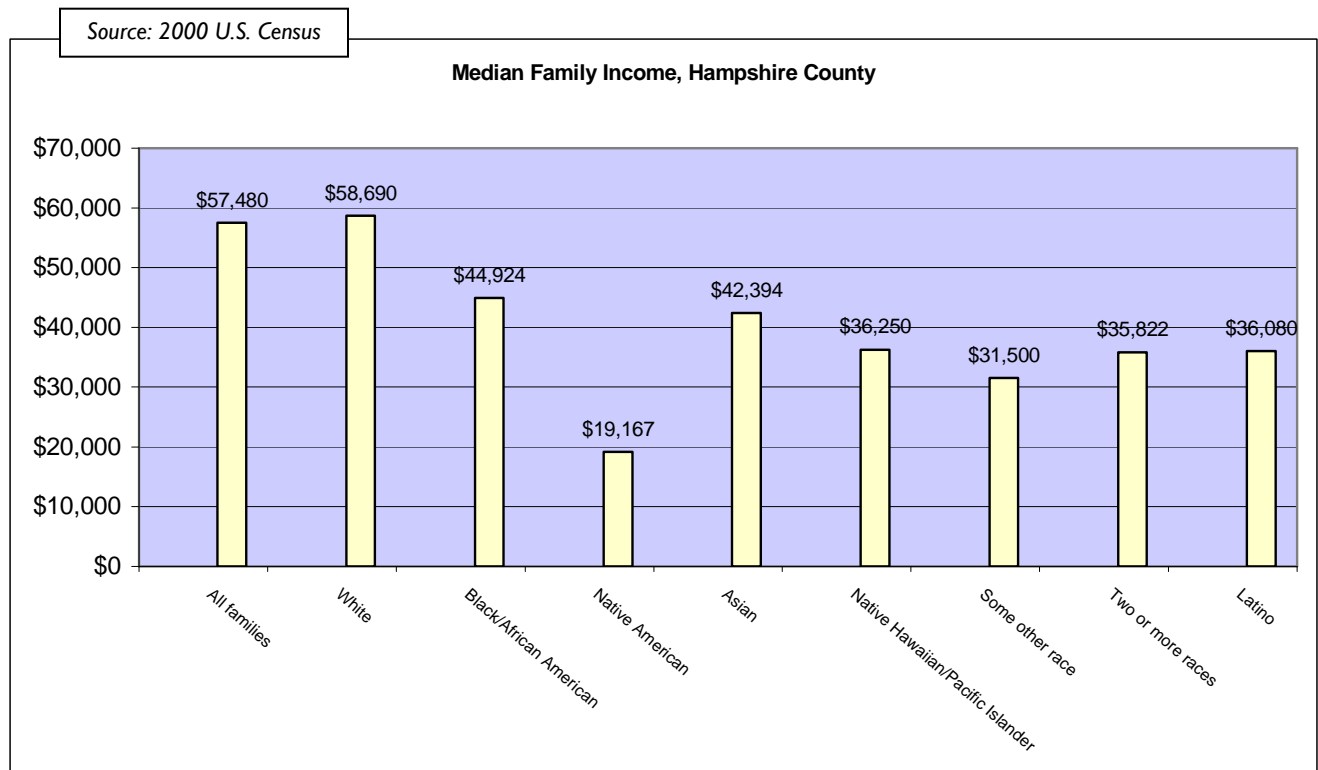
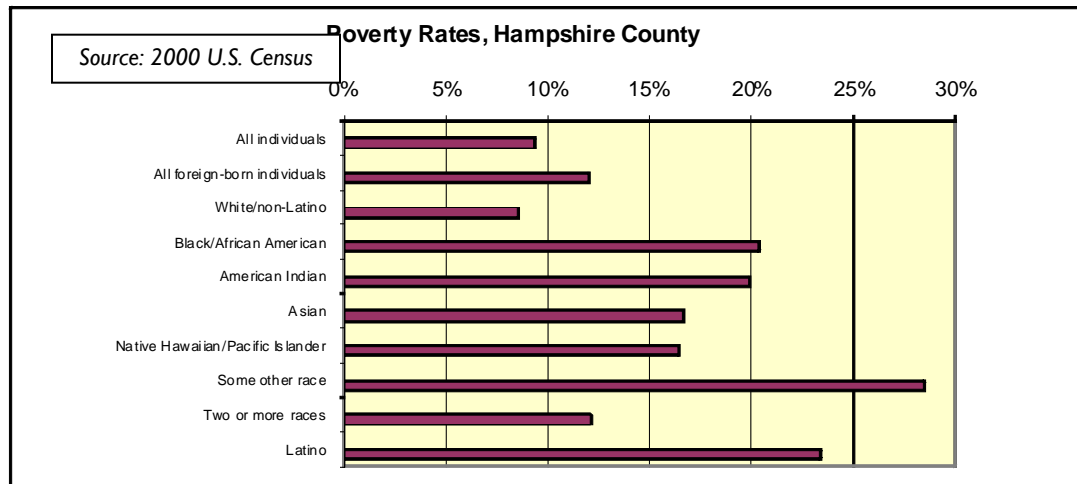
2. Race, Ethnicity, and English Proficiency: Hampshire County

Hampshire County has much more racial diversity than Franklin County in its central sub-region along the Connecticut River, but the race/ethnicity of people in the western and eastern areas is just as predominantly white as Franklin County's. Much of the diversity in the central sub-region around Amherst and Northampton can be attributed to the presence of five colleges (including the main campus of the University of Massachusetts) and their diverse 32,000 students and faculty, thriving immigrant communities from many parts of the globe, proximity to urban immigrant communities (Springfield, Hartford, and Boston), and college-related jobs both on- and off- campus that are accessible to people with limited English proficiency.

In 1990 the population of Hampshire County was 93.8% white of any ethnicity; in 2000, 91.1%;³⁴ and in 2006, 89.6% (estimated).³⁶ The population of the county grew 3.8% from 1990 – 2000, 75% of which can be accounted for by immigration from outside the United States, and another 21.8% from Puerto Rico.³⁴ The foreign-born

population grew 775 or 8.4% from 1990 – 2000,³⁴ with an estimated additional 1,800 immigrants and refugees arriving between 2000 and 2006, for a total of about 11,750, or almost 8% of the county's total population.³⁶ Over 40% of newcomers are Asian, with 46% of these being from China. Over 20% are from Latin America, almost all Spanish-speaking, and 31% are from Europe, with 41% of these from Eastern Europe. In addition, there are approximately 550 people who were born in Puerto Rico who now live in Hampshire County.³⁶ In Hampshire County, Community Action provides funding to two valued and well-established organizations that work with immigrants, refugees, and members of the Latino community, the Center for New Americans and Casa Latina.

As is true in Franklin County, members of racial/ethnic minorities and newcomers to the U.S. who now live in Hampshire County are over-represented among the population with low income, as the graphs below show.



In 2000, 88.3% of the residents of Hampshire County spoke English as a first language, and 96.9% spoke English very well.²⁴ With the influx of refugees and immigrants since then and their heavy majority in population growth in the county, we can assume that this percentage is lower eight years later. For the 2007/2008 school year, 5.1% of Hampshire County public school students spoke a language other than English as their first language, and 1.9% of all students were Limited English Proficient (LEP). The Amherst elementary schools and the Amherst-Pelham middle and high schools had by far the largest proportion of students whose first language was not English, 16%. Of these, almost half were Limited English Proficient, 7.4% of all students. In Northampton, 8.1% of students had another language besides English as their first language, but only 20% of them, or 1.6% of the total student body, were classified as LEP.³⁷ Of the children enrolled in Community Action's Head Start and Early Head Start programs in Hampshire County in 2007/08, 80% spoke English at home, and 16% spoke Spanish. The remaining 4% spoke a variety of other languages, including Pashtu, Khmer, Tamil, Mandarin, Turk, French, Vietnamese, and Tibetan.

There is perhaps less linguistic and social isolation for many newcomers and people of color in the central region of Hampshire County than there is in Franklin County. Still, offering culturally-sensitive services to people from so many different backgrounds remains a real challenge for social service agencies in Hampshire County, just as it does in Franklin County and North Quabbin.

F. Public Education and Adult Education

In today's job market, a worker must have at least an associate-level degree to command a living wage. The average level of education for people in Community Action's service area is higher than the national average. Among people with lower incomes that we served last year, education levels are lower and non-graduation rates higher than the local average. This is to be expected since low education is both a cause and an effect of poverty.

- ▶ Throughout the United States in 2000, of all people 25 years and up, just over 30% of the population had an associate degree or higher. In Massachusetts, 40.4% did; in Franklin County 37.7%; in North Quabbin 23.1%; and in Hampshire County 46%.²⁴ Among the people that Community Action served last year, 18.9% had an associate degree or higher.³⁰
- ▶ In the United States in 2000, 19.6% of the population had not completed high school or received a GED by their 25th birthday. In Massachusetts, this rate was 15.2%; in Franklin County 12.0%; in North Quabbin 17.2%; and in Hampshire County 10.6%.²⁴ Among the people Community Action served last year, 24.7% had less than a 12th grade education.³⁰

In Community Action's service area, there are 17 public high schools and 2 vocational schools. The following chart provides data related to graduation from secondary school for students from families with low income compared with all students.

“Americans with less than a high school diploma saw their mean family income decline by 14% between 1979 and 1995, while college graduates’ mean income rose 14%... High school dropouts are three times as likely to receive welfare benefits as are those who complete high school but do not go on to college. Students from low-income families drop out at six times the rate of those from wealthy families.”
State of America's Children 2005, Children's Defense Fund

Most define “low income” as students who are eligible for free/reduced price lunch, which is typically anyone with family income below 185% of the Federal Poverty Level (FPL).

For the cohort that began high school 2002/2003	Community Action's service area	Massachusetts
% of students from families with low income	28.4%	32.3%
% of drop-outs from families with low income	54.8%	61.1%
Graduation rate		
All students	82.5%	80.9%
Low-income students	68.5%	65.2%
Drop-out rate		
All students	8.5%	9.4%
Low-income students	16.5%	17.8%
% still in school after expected graduation date		
All students	5.1%	6.6%
Low-income students	9.4%	12.3%
% who did not graduate & obtained a GED instead		
All students	3.3%	2.0%
Low-income students	5.0%	2.6%

Clearly, students from lower-income families have more difficulty staying in school than their age cohort taken as a whole. Two hundred twenty young people from what started out as the Class of 2007 have dropped out of school, and among them, young people from families with lower incomes are represented at twice their rate in the student population as a whole. (54.8% vs. 28.4%)³⁷ All 220 have significantly decreased their chances for stable work and adequate income as adults unless they return to school.

In a 2002 community leaders focus group for our Community Action Plan, members spoke of the increasing quantity and severity of academic deficits and behavioral problems of students in public schools. They noted that the reform focus in public education in Massachusetts has been on testing, which leads to performance pressure on students and school systems. School leadership has been forced to focus on test scores more than on addressing social and behavioral issues. In 2005, community leaders in North Quabbin commented on the low value placed on education by young and old alike and wondered if it was because folks (realistically) do not see any link between education and a bright economic future. The best and brightest often go away to college and never return.

This year in our focus groups, several people mentioned the growing number of youth who are essentially homeless, who are “couch surfing” and not becoming productively connected with the workforce. They mentioned that in the next few years, the state plans to make its standardized tests (MCAS) and the GED tests more difficult to pass and expressed concern that this will lead to more students’ dropping out and being unable to get even a GED to help gain them entry into work. They were particularly concerned about special education students and lower-income students, who often struggle the most in school.

Residents of our service area who want to continue their education are fortunate to have several important resources located here that provide adult basic education, English for Speakers of other Languages, GED preparation, professional training, and associate degrees: The Literacy Project, the Center for New Americans, the Franklin/Hampshire Career Center, Greenfield Community College, Holyoke Community College, and our own Family Learning Center. They serve Community Action participants with tremendous flexibility and commitment. State budget cuts have negatively affected their ability to meet adults' educational needs, but they

“...community colleges enroll nearly half of all students in higher education – more than 11 million annually. [They] offer an important pathway for many out of poverty and to better jobs. [They] are a gateway to the middle class, and they will only become more important as the wage gap between those with college degrees and those without increases, and as the population of students in higher education becomes more diverse – racially, ethnically, and economically.

John Hutchins and Tom Brock, Community College Week, March 2006

are intact. The Mayor of Northampton is concerned that Hampshire County is the only county in the state without a community college and is working to create a downtown multi-service adult education center.

Out of the respondents to our survey under age 65, 26% had been in school or some sort of work-related training program during the past year. People who already had some college or a college degree were more likely to be in school than people who had lower levels of education. People of all levels of education were about equally likely to have been in a work training program during the past year.

Among the 84% who had not been in school or work training, one quarter said they have all the education or training they want. The other three quarters had encountered barriers to continuing their education or training, as outlined in the chart below. The barriers most frequently named were affordability, stress, transportation, and concern about being able to do the work. Respondents could check off more than one reason, and the total of percentages is more than 100%.

I have not gone to school or a training program because....	
I cannot afford it.	34.8%
I feel so stressed out that I don't think I can do one more thing.	18.2%
It would be hard for me to get there. Transportation is a problem.	14.7%
I am afraid that I will not be able to do the work required.	14.3%
I do not have child care that I can afford.	12.9%
I don't know what educational options are available.	9.4%
“Disabled” (may be physical or mental health disability)	6.5%
Caring for a child or other family member	3.7%
Mental health problems (e.g. agoraphobia, depression, PTSD)	2.7%
Specific medical condition (e.g. nerve damage, back pain)	2.5%

G. Child Welfare

1. Perinatal Indicators:

How Massachusetts Compares with Other States

In comparison with other states, Massachusetts as a whole does very well in regards to helping babies get a good start in life. The one major exception, the rate of babies with low birthweight, is less of a problem in Community Action's service area than statewide. On the other hand, the rate of women who smoked during pregnancy is higher in our service area than the state average.³⁸

2005 data	U.S.	Mass.	Mass. Ranking in U.S. (#1 = best)
Percent of total births to teens	10.2%	6.0%	2
Percent of teen births to women who are already mothers	19.4%	14.5%	2
Percent of total births to unmarried women	36.9%	30.2%	6
Percent of total births to mothers with less than 12 years of education	20.9%	11.0%	4
Percent low birthweight births (less than 5.5 lbs.)	8.2%	7.9%	20
Percent pre-term births (less than 37 weeks)	12.7%	11.3%	10
Percent of total births to mothers receiving late or no pre-natal care	3.5%	2.2%	3
Percent of total births to mothers who smoked during pregnancy	10.7%	7.3%	7

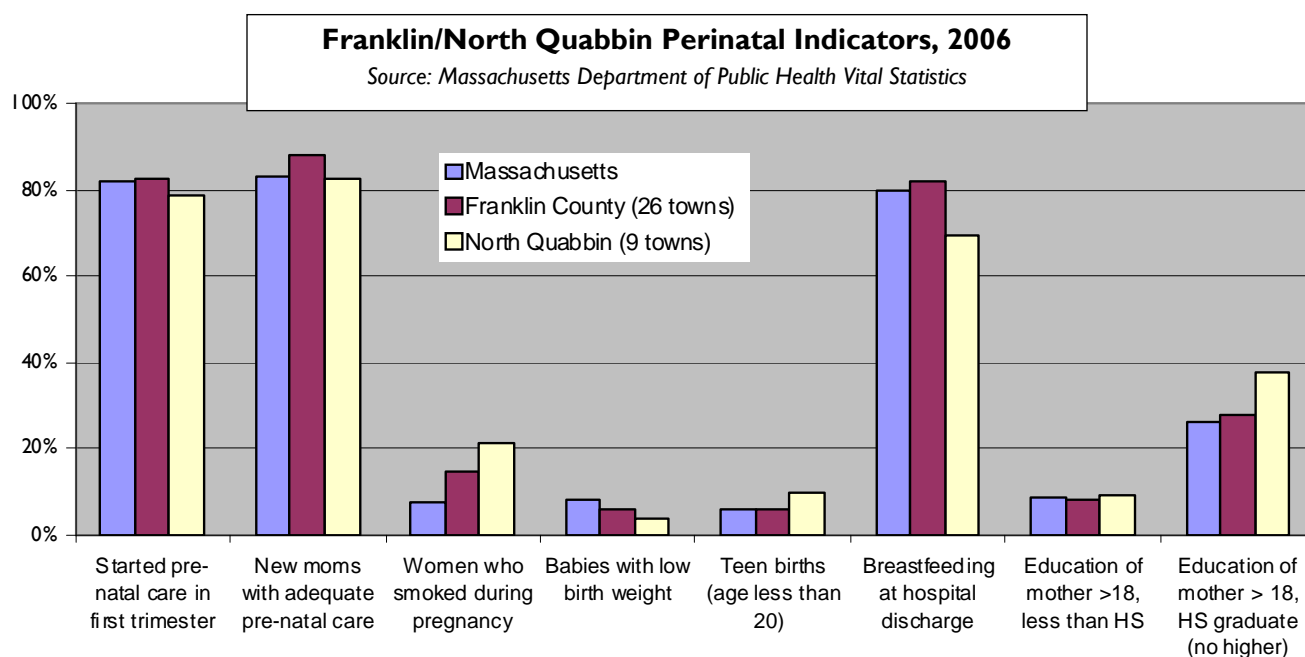
Source: Annie E. Casey Foundation Kids Count 2008 Right Start for America's Newborns

2. Selected Indicators: Franklin County and North Quabbin

Perinatal indicators. In general, Franklin County perinatal indicators are comparable to state averages (see chart below). The teen birth rate has been declining each year, and in 2005 it approached the statewide average. Smoking during pregnancy has also decreased in recent years at the county and state levels, but the county rate is still double the state average.³⁹

North Quabbin indicators are not as good. Fewer women had early and/or adequate pre-natal care in 2006. This may be due to the lack of medical providers available locally. Far fewer women started out breastfeeding, and many more smoked during pregnancy. The teen birth rate is declining but is still above the state average (9.6% vs. 6.2%).

Sample size for Latina and non-white women is too small to allow valid data about disparities in birth outcomes related to race and ethnicity.



Lead poisoning. In 2006 the rate of immediate risk of lead poisoning in young children (age 6 months to 5 years) was 0.0 per 1000 children screened, compared with a statewide rate of 0.5 per 1000.⁴⁰ The rate of actual lead poison cases was 0.0 per 1000, compared with the state rate of 0.4 per 1000.⁴⁰

Early intervention/special education. The early intervention caseload for children 0 - 3 in Franklin County in the spring of 2008 was 110 (about 5% of total population of that age), 72% categorized as “developmental delay,” with most of those delays being in the speech and language area.⁴¹ The percentage of pre-school age children (3 – 5 years old) receiving early intervention from school districts in the 4 largest towns (Athol, Greenfield, Montague, and Orange) plus towns with a participation rate over the state average is shown below. Please note that it cannot be determined from these data if a low rate indicates: a low incidence/need; a low rate of identification of need and acceptance into services; or a low rate of agreement by parents to participate. The converse would be true for higher rates.

Early Intervention Participation, ages 3 – 5							
	1999	2000	2001	2002	2003	2004	2005
Massachusetts	6%	7%	8%	8%	9%	9%	9%
Athol	6%	6%	6%	4%	6%	6%	6%
Greenfield	5%	6%	7%	6%	5%	5%	6%
Montague	4%	5%	6%	6%	5%	3%	4%
Orange	6%	5%	6%	6%	6%	7%	11%
Leyden	0%	0%	0%	0%	0%	17%	17%
Shelburne	0%	0%	0%	10%	13%	15%	15%
Whately	0%	0%	0%	14%	20%	12%	10%

Source: Anne E. Casey Foundation, Kids Count CLIKS data, <http://www.kidscount.org>

Abuse and neglect. Child abuse and neglect is a major problem in the Franklin/North Quabbin region. In 2006, the 5 towns in Franklin/North Quabbin listed below were among the top 50 (out of 351) municipalities with the highest rates of abuse and neglect of children 0 – 5 substantiated by the Department of Children and Families (DCF), the state child protection agency.⁴²

DCF substantiated investigations ages 0-5						
	1999	2001	2003	2004	2005	2006
Massachusetts	2%	3%	3%	3%	3%	3%
Athol	4%	9%	10%	8%	7%	7%
Erving	0%	5%	5%	0%	3%	10%
Greenfield	5%	8%	9%	8%	9%	6%
Montague	4%	10%	6%	5%	6%	4%
Orange	5%	8%	8%	4%	8%	9%

Source: Anne E. Casey Foundation, Kids Count CLIKS data, <http://www.kidscount.org>

In 2006, five of the towns listed below – Athol, Bernardston, Greenfield, Orange, and Shelburne – were among the top 50 municipalities with the highest rates of substantiated abuse and neglect of children 6 – 11 in the state.⁴²

DCF substantiated investigations ages 6-11						
	1999	2001	2003	2004	2005	2006
Massachusetts	2%	2%	2%	2%	2%	2%
Athol	2%	6%	5%	5%	6%	6%
Bernardston	1%	0%	0%	3%	2%	4%
Erving	0%	4%	9%	0%	2%	1%
Greenfield	3%	5%	4%	4%	4%	3%
Orange	3%	6%	5%	4%	6%	7%
Shelburne	0%	2%	0%	0%	0%	3%

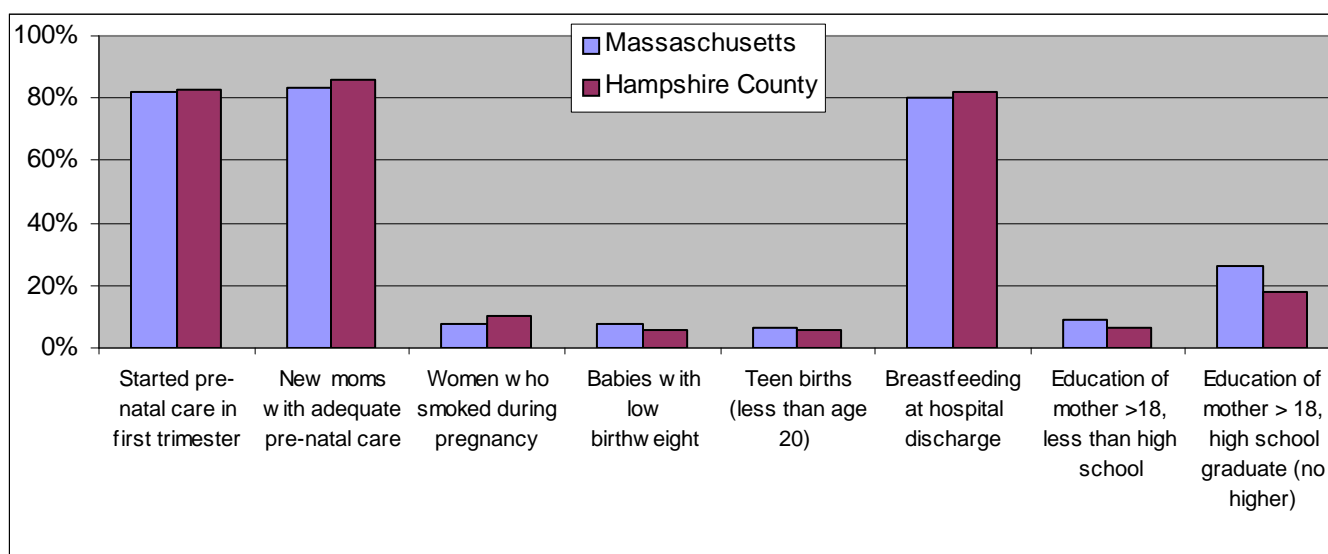
Source: Anne E. Casey Foundation, Kids Count CLIKS data, <http://www.kidscount.org>

3. Selected Indicators: Hampshire County

Perinatal Indicators. In general, Hampshire County perinatal indicators are good and compare favorably to state averages (see chart below). There are a few exceptions, however. First, the percentage of mothers who smoked during pregnancy in Hampshire County was above the state average, although it declined significantly from 2004 to 2005. Second, while the county rate of low birthweight babies has consistently been lower than the statewide rate since 2000, it has been trending upward. Sample size for Latina and non-white women is too small to allow valid data about disparities in birth outcomes related to race and ethnicity.

Hampshire County Perinatal Indicators, 2006

Source: Massachusetts Department of Public Health Vital Statistics



Lead Poisoning. In 2006 the rate of immediate risk of lead poisoning in young children (age 6 months to 5 years) in Hampshire County was 0.3 per 1000 children screened, compared with a statewide rate of 0.5 per 1000.⁴⁰ The rate of actual lead poison cases was 0.6 per 1000, compared with the state rate of 0.4 per 1000.⁴⁰

Early intervention/special education. In the spring of 2008, 138 children age 0 - 3 in Hampshire County had Individual Family Support Plans (IFSPs) through the local early intervention program, REACH, about 3.4% of all children in that age group.⁴¹ For 2005, the most recent information available, the percentage of children ages 3 - 5 identified as needing special education through the public school system was at or over the state average (9%) in 6 of the 20 towns in Hampshire County.

Early Intervention Participation, age 3 - 5							
	1999	2000	2001	2002	2003	2004	2005
Massachusetts	6%	7%	8%	8%	9%	9%	9%
Amherst	4%	5%	5%	5%	5%	6%	7%
Belchertown	4%	6%	7%	6%	8%	10%	12%
Goshen	0%	0%	0%	0%	0%	0%	21%
Granby	8%	7%	8%	9%	8%	10%	10%
Hadley	4%	4%	40%	4%	6%	8%	10%
Northampton	5%	5%	6%	5%	5%	6%	7%
South Hadley	6%	6%	8%	8%	10%	8%	9%
Ware	11%	10%	9%	9%	10%	11%	12%

Source: Anne E. Casey Foundation, Kids Count CLIKS data, <http://www.kidscount.org>

Abuse and neglect. Child abuse and neglect is also a serious problem in Hampshire County, although not on the magnitude of Franklin/North Quabbin. In 2006 (the latest data available), 3 of the 20 towns in Hampshire County were among the top 50 (out of 351) municipalities with the highest rates of substantiated abuse and neglect of children 0 - 5 in the state: Huntington, Northampton, and Ware.⁴²

DCF substantiated investigations ages 0-5						
	1999	2001	2003	2004	2005	2006
Massachusetts	2%	3%	3%	3%	3%	3%
Amherst	1%	3%	4%	3%	3%	3%
Northampton	1%	3%	4%	4%	4%	4%
Ware	6%	6%	8%	6%	8%	9%
Huntington	0%	0%	4%	7%	6%	6%

Source: Anne E. Casey Foundation, Kids Count CLIKS data, <http://www.kidscount.org>

Two towns had rates above the statewide average for children 6 - 11.

DCF substantiated investigations ages 6-11						
	1999	2001	2003	2004	2005	2006
Massachusetts	2%	2%	2%	2%	2%	2%
Amherst	2%	2%	3%	2%	2%	2%
Northampton	1%	2%	2%	2%	2%	2%
Ware	4%	4%	5%	4%	5%	5%
Huntington	0%	0%	2%	4%	2%	7%

Source: Anne E. Casey Foundation, Kids Count CLIKS data, <http://www.kidscount.org>

4. Access to Early Education and Care

Children in out-of-home care need quality and consistency if they are to thrive. This is especially true for low-income and otherwise at risk children.⁴³ However, the capacity of the licensed child care and subsidy systems in Community Action's service area does not meet the need; only 27% of children in Western Massachusetts attend accreditedⁱ early education programs.⁴⁵ Some children end up in less-than-desirable settings because of lack of options.

Early care and education is the third largest expense for families with young children, after housing and food. Experts agree that no family should pay more than 10% of its income on early care and education. Based on the most recent information available (2004), in Western Massachusetts families of all income levels pay an average of 13% of their income on child care.⁴⁴ For a family with the income typical of families who use Community Action services, this ratio is much, much higher, unless the family has a state-sponsored subsidy or is enrolled in Head Start, which is free. In June 2008 there were 26 Franklin County children age 3-4.11 years old and 47 children age 0 – 2.11 years old on the waiting list for child care subsidies through Community Action's Child Care Outlook program. In Hampshire County, there were 52 children age 3 to 4.11 years and 79 children 0 – 2.11 years old on the waiting list. While they wait, parents must often turn to less expensive but lower-quality informal, unlicensed care in order to work or go to school. In Western Massachusetts, 73% of the need for care for preschoolers is met, while only about 25% of the need for infant/toddler care is met.⁴⁵

In our staff and organization surveys, we asked respondents to tell us what they thought the most important issues facing families with young children will be in the next 3 – 5 years. Twenty-three out of 117 staff included access to affordable, quality child care as one of the major issues, and 10 out of 37 respondents to the organization survey also did.

The responses from parents with children under 6 to our adult constituent survey reflect how the shortage of quality care and financial support affects them. (Please refer to the following chart.)

ⁱ "Accredited" includes center-based programs (private, public, Head Start) accredited by the National Association for the Education of Young Children (NAEYC), and family child care providers who have attained accreditation from the National Association of Family Child Care (NAFCC), a Child Development Associate (CDA) credential, or an Associate's (AA) degree.

	Franklin County	North Quabbin	Hampshire County	Totals
	N = 72	N = 32	N = 44	N = 148
I was able to pay for child care with little difficulty.	6.9%	6.3%	15.9%	9.5%
I think my children were well taken care of in their child care or preschool.	40.3%	40.6%	61.4%	46.6%
I turned down a job because of the cost of child care.	13.9%	25.0%	20.5%	18.2%
I received a child care subsidy or voucher.	16.7%	12.5%	31.8%	20.3%
My spouse or partner or I didn't work because child care was too expensive.	29.2%	37.5%	22.7%	29.1%
I lost a job because child care was not available.	9.7%	12.5%	11.4%	10.8%

It was very troubling to us that *less than half* of the parents in this survey could say that their children were well taken care of in their child care setting. We were reassured based on the results of the customer satisfaction surveys from our child care parents that they felt their children were well cared for with us. However, this disturbing finding warrants further investigation. It was also very concerning to us (but not surprising) that *less than 10%* of parents had little difficulty coming up with money to pay for something that is essential to being able to work, and that almost 20% had opted not to work because child care was so expensive it wasn't worth going to work at the wages the person could command. Both for the sake of our children, who need quality care, and for the sake of parents who need and want to work, this is an untenable situation.

5. Children's and Parents' Mental Health

With over 600 children in our care, Community Action is the largest single provider of early education and care in Franklin and Hampshire Counties. For the past four years, our programs and other early educators have been seeing an exponential growth in the number of children with serious behavioral and emotional problems, and the problems are becoming more profound. These children are unable to learn the foundational skills they need to make a successful start in school. They are also disrupting the learning of the other children around them and in some cases traumatizing them and the teachers. These children's emotions are "disregulated;" their behavior is organized around *reaction* to what they see and feel – which is more typical of toddlers – rather than being mediated to some degree by thinking first, then acting. The children are very impulsive and fragile, with little reserve to cope with change or challenge. Transitions are particularly difficult for them. For the teachers in our classrooms, reorganizing these children's emotions takes a tremendous amount of time and energy. Sadly, the more reactive a child is, the more attention she gets. The more compliant she is, the less attention she gets. Everyone suffers because of the overwhelming needs of a few.

Over the past 20+ years, changes in the way children play – less imagination-based, more focused on "scripts" provided by TV and by toys related to TV and movies – have provoked changes in their cognitive and emotional development, and today's

"Poverty in early childhood poisons the brain... [N]euroscientists have found that many children growing up in very poor families with low social status experience unhealthy levels of stress hormones, which impair their neural development. The effect is to impair language development and memory – and hence the ability to escape poverty – for the rest of the child's life."

Paul Krugman, New York Times, February 18, 2008

five year olds are acting more like three year olds used to. Many children come to preschool without knowing how to play in a way that will promote self-regulation. Without well-trained teachers providing opportunities to engage in increasingly more mature play, many young children will not develop strong self-regulation on their own. (The preceding paragraph draws on the work of Lev Vygotsky, Elena Bodrova and Deborah Leong, Howard Chudacoff, and Laura Berk.)

In addition to exhibiting this general trend, many children that we see in Head Start – the vast majority of whom come from families with income at or below 100% FPL – have even greater problems. They do not have consistent encouragement and limits at home, or the predictable routines and bedtimes that provide the outer regulation for the child's inner world. Many have been abused, or been traumatized by seeing their mother beaten, or have lived with parental depression or substance abuse. For these children, play can easily become a re-dramatization of the trauma they have experienced. The outer world feels unsafe and out of control, and their behavior shows us how they feel inside. The most common "red flags" for these children are depression, physical aggression, verbal aggression, active defiance, fleeing, passive non-compliance, tantrums, and sexualized touch of others.

The great majority of the parents of these children are dealing with highly stressful life circumstances (divorce, battering, homelessness, drug/alcohol abuse) with inadequate psychological, financial, and interpersonal coping resources. Many of them are young and first became parents before they were emotionally and financially ready. The most common adult mental health issues are depression, anxiety, post-traumatic stress disorder, and bi-polar disorder.

We knew that many of our families have a history of trauma; the startling prevalence of this trauma was revealed through our recent community needs assessment survey: 24% of respondents under age 65 said they had suffered abuse by an intimate partner; 22% physical abuse as a child; 20% sexual assault as a child; and 10% sexual assault as an adult. We have every reason to believe this is an underreporting.

In our local area, there are simply not enough mental health practitioners with adequate training in working with children to assist all the children and families who need help, particularly among those who accept public health insurance. In addition, many of the people we serve feel ill-at-ease with traditional "talk therapy," the form of counseling that most insurance is set up to cover. Many parents that we serve feel comfortable with our Child and Family Counselors, who know their children from our early education classrooms and who are willing to visit their homes or meet with them before pick-up time at the center. There is not enough funding for an adequate number of these non-traditional counselors.

In August 2008, Governor Patrick signed into law the Children's Mental Health Bill, which we hope will help to streamline systems that children and families must depend upon for mental health care and make more behavioral health services

From respondents to our staff survey:

Community Action should take a leadership role in pioneering therapeutic options for young children with high needs.

I notice that many more children are coming to our program needing more specialized care, whether for behavioral issues or developmental delays. Community Action needs to think of a way to address that issue so the children can get the services they need and the families can continue to get the help they need from our agency.

In [our] school district, we are seeing a rapidly increasing number of low-income families in crisis due to drug and alcohol abuse, mental health problems, or incarceration of a parent. People are falling through the cracks. It is cyclical—we are seeing the kids of kids who went through the same crises.

Member of a focus group

I think the largest issue will be a downturn in the economy, because this will lead to a larger number of people struggling to make ends meet – with all of the corresponding problems that come with that life stress.

Respondent to staff survey

Living poor is depressing. Being abandoned by your society is just as bad or worse than any more explicitly violent trauma. Watching your kids suffer because you're poor is incredibly painful. Community Action needs to continue to fill what little it can of these huge gaps, and to advocate for people's needs on the state level – to make everyone realize that people with low incomes are real human beings of worth.

Respondent to staff survey

available for very young children. Insurance companies will cover the cost of behavioral screenings by pediatricians. Community Action will monitor and participate in the unfolding of the provisions of the new law.

6. Issues for Families with Young Children: Comments from our Focus Groups and the Community Organization and Staff Surveys

Participants in our focus groups and respondents to the community organization and staff surveys all had similar concerns about what families with young children will face in the next 3 – 5 years. The biggest issues had more to do with being poor than with having young children. They predicted problems with food and nutrition, access to health and mental health care, transportation, access to education and living wage jobs, access to support services, and housing – in other words, basic needs. In addition, they expressed worry about things that can occur in any family, no matter how much income they have: substance abuse; partner abuse; child abuse; the widespread need for parenting education; the isolation that often comes from managing your life around a young child's schedule and needs; or trying to parent while struggling with your own trauma and recovery. And then there are the issues reserved to parents with lower income: the lack of affordable, quality child care and the need to work late hours or several jobs while trying to parent.

There was also a recognition that, underlying this litany of concerns, there are bigger forces at work. Here is a representative comment from a respondent to our community organization survey:

I think all of the issues facing families with young children (esp. those in the middle and lower economic class) in the near future stem from larger issues in our society and economy such as the current tax structure that benefits the wealthy, and the steady 25 year erosion of services – especially health and human services and public education.

7. The State Context: The Annie E. Casey KIDS COUNT Index of the Well-Being of Children from Families with Low Incomes

The Annie E. Casey Foundation KIDS COUNT Data Book has ranked the states based on an index of child well-being every year since 1990. In November 2007 KIDS COUNT published its first study of the well-being of children from families with lower income, 200% of the Federal Poverty Level and below. Using data from the American Community Survey (U.S. Census Bureau) and the National Survey of Children's Health, they compared states on a total of 29 indicators within 6 domains: health, social and emotional well-being, cognitive development and educational attainment, family activities, family and neighborhood context, and social/economic characteristics.

Massachusetts ranked *the lowest of all 50 states*. States performing worst on the condition of low-income children are clustered on the East Coast and Mid-Atlantic region. The bottom six states are: 50) Massachusetts, 49) Rhode Island, 48) New York, 47) New Jersey, 46) Maryland, and 45) Delaware. States performing best on the condition of low-income children are clustered in the upper Great Plains and Rocky Mountain regions. The five states with the best performance in terms of the condition of children in low-income families were: 1) Utah, 2) North Dakota, 3) Idaho, 4) Wyoming, and 5) South Dakota. Of the top ten states, only two (Vermont and Hawaii) were not in this region.

Moreover, Massachusetts had the largest gap between the ranking for children with income above 200% FPL (21st) and the ranking for children with income below 200% FPL (50th).⁴⁶ The top five states where rankings among low-income children are much higher than rankings for higher-income children are Washington, New Mexico, Alaska, California, and Hawaii. The top five states where rankings among low-income children are much lower than rankings for higher-income children are Massachusetts, Connecticut, Ohio, North Carolina, and Kentucky. Examination of the condition of children in low-income families shows that many states in the Deep South such as Mississippi, Louisiana, Alabama, and Arkansas, are in the bottom half of the distribution, but they do not dominate the very bottom of the rankings in terms of the condition of children in low-income families.

Massachusetts is a wealthy state with a relatively small percentage of lower-income children (25%) to provide for. These data shed light on a shameful situation for the Commonwealth. There is no doubt that the differences in graduation rates between all high school students and low-income students described above is partially due to this lack of support. There is no doubt that the difficulties described by the parents, staff, and social service providers that we surveyed and the problems we are seeing in our classrooms are at least in part a result of this lack of support. It is one reason that Community Action has chosen through this planning process to increase our advocacy efforts. The “system” is not working on behalf of the families Community Action serves, and we need to take what we know about their reality to a larger audience.

H. Youth

I. The Communities That Care Coalition in Franklin County and the North Quabbin Region

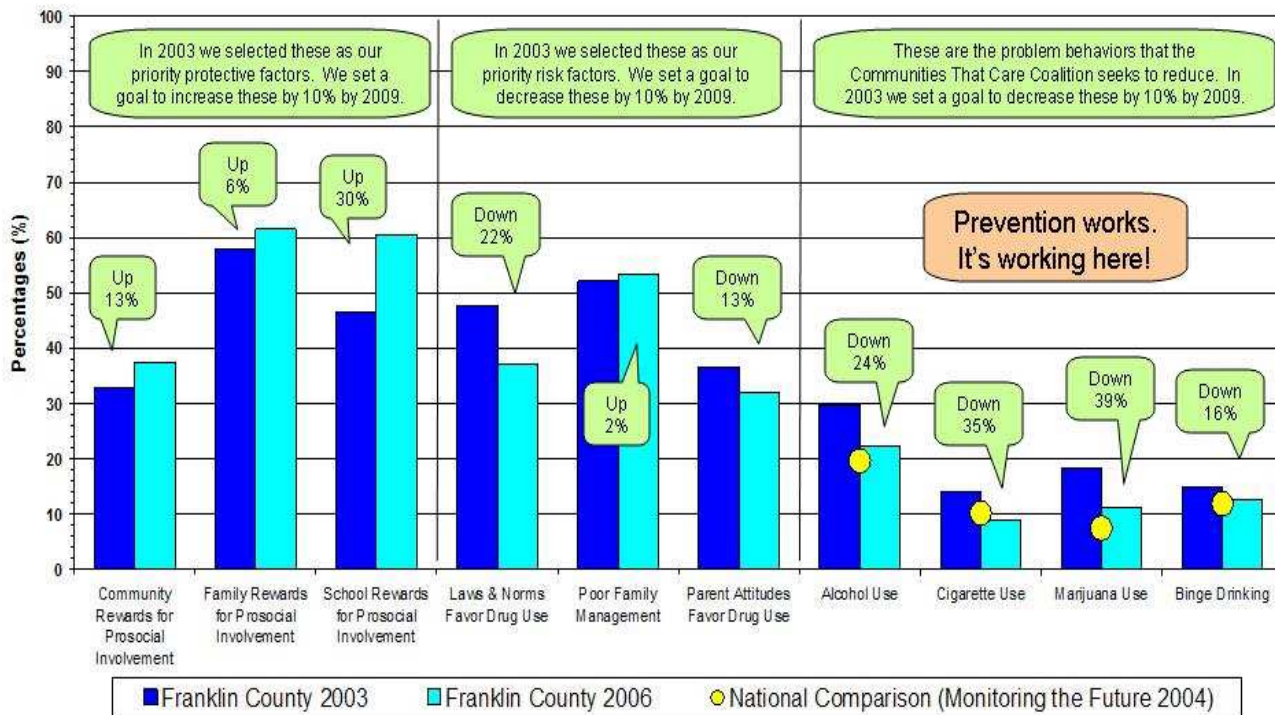
As mentioned earlier, in completing this part of our needs assessment, we chose to draw on the findings of surveys of local youth done by the Community Coalition for Teens (CCT) for the Communities That Care Coalition (CTC). The Communities That Care Coalition is a community-wide mobilization begun in 2002 that uses data-driven planning to determine strategies from among research-based, proven-effective methods. It was founded by Community Action and is now co-sponsored by Community Action and the Community Coalition for Teens, a program of the Franklin Regional Council of Governments.

We are extremely proud that The Communities That Care Coalition won the “Coalition of the Year” award from the Community Anti-Drug Coalitions of America (CADCA) in 2007. The national coalition's "Got Outcomes!" awards recognize local groups that have successfully reduced substance abuse in their communities through evidence-based programs, policies, or strategies. Applicants undergo a rigorous review process, and winners are judged by a panel of experts.

The Coalition uses the Teen Health Survey as well as the Massachusetts Youth Risk Behavior Survey to collect data on substance use, violence and injury-related behaviors, sexual behaviors, and weight and physical activity among middle and high school students, as well as risk and protective factors. A baseline for five school districts in Franklin County was established in 2003, and comparable data has been collected each year since. In 2007 the two school districts in the North Quabbin region were included, as well.

Data is reported for 8th grade students, since most effective teen substance abuse prevention efforts target middle school students and their parents, and since delays in onset of first substance use (an important goal in terms of improving teen health) would be captured in 8th grade substance use rates.

Summary of Progress Toward Communities That Care Goals 8th Grade Student Data 2003-2006



While the Coalition's target risk and protective factors improved, results of the 2006 survey showed that several other risk factors worsened, most notably Peer Anti-Social Behavior and Parental Attitudes Favorable to Anti-Social Behavior. For this reason, Parental Attitudes Favorable to Anti-Social Behavior was added as a priority risk factor in 2008. Peer Anti-Social Behavior was not added because this risk factor cannot be addressed directly, but is rather best addressed through other risk and protective factors.

In 2007 the Franklin/North /Quabbin Youth Risk Behavior Survey included 1,527 teens from the 7 participating school districts in Franklin/North Quabbin. It is a standardized survey that allows comparisons across the state and nation.⁴⁷

Tobacco: *By far the majority of our teens (85%) do not smoke cigarettes*, and teen cigarette smoking has declined in the years since 2003, when the Community Coalition for Teens conducted the first Teen Health Survey. Local teen smoking rates were lower than rates for the state and the nation.

Alcohol: *Most local teens (63%) do not drink alcohol*, and in 2007, fewer reported recent alcohol use (past 30 days) than in the first Teen Health Survey. Fewer local 10th graders (39%) reported recent alcohol use than 10th graders across the state (46%) and nation (42%). Alcohol use among local 12th graders (61%) was higher than use among 12th graders in Massachusetts (54%) and nationwide (51%).

Marijuana: *Most local teens (82%) do not use marijuana.* In 2007, a significantly lower percentage of teens reported using marijuana in the previous 30 days than in 2003. Marijuana use by local 10th graders (19%) is similar to peers across the state (20%) and lower than peers nationwide (28%). Local 12th grade use (33%) is higher than in the state (28%) and the nation (23%).

Fighting: *As they go through high school, our teens learn to avoid physical fights.* In 8th grade, 70% of respondents said they had not been in a physical fight in the past year. The percentage of respondents avoiding fights rose to 78% among 10th graders and 83% among 12th graders. Local teens reported substantially less fighting than teens across the state and the nation.

School Safety: *Local schools are doing a good job of providing a safe and drug-free environment for our teens.* As discussed above, a minority of our teens smoke, drink, or use marijuana. Very few of them choose to do so on school grounds. On the whole, local teens report less substance use and less violence on school grounds than do teens across the state and nation.

Support from Adults: Of all 8th, 10th, and 12th graders surveyed, *86% said they have a parent or other adult at home with whom they can talk about important things.*

More than two-thirds (69%) said they have a teacher or other adult at school they can talk to if they have a problem.

Having an adult to talk with about important things is also strongly correlated with teens' psychological health. As compared with teens who said they did not have anyone to talk with, those who had someone to talk with at home were 55% less likely to report symptoms of depression, and those who had someone to talk with at school were 30% less likely to report symptoms of depression.

Extracurricular Activities: *About half of local teens (51%) participate in an organized activity after school or on weekends. Forty-three percent do volunteer work or community service.* These activities are correlated with performance in school. Eighty-three percent of teens who participate in an extracurricular activity report earning mostly A's and B's in school, as compared with 66% of teens who do not, and 82% of teens who do volunteer work earn mostly A's and B's, as compared with 70% of those who do not.

Diet and Exercise: *More than half of local teens (55%) said they ate breakfast five or more days a week.* Those who reported daily breakfasts tended to do better in school than those who had breakfast less often. Of those who ate breakfast at least five days a week, 81% reported earning mostly A's and B's in school, as compared with 68% of those who ate breakfast zero to four times a week.

More than two-thirds of our teens (69%) report an hour or more of physical exercise on three or more days a week. Seventy-one percent have a physical education class at least one day a week. Sixty-two percent report having played on one or more sports teams in the previous year.

"One should guard against preaching to young people success in the customary form as the main aim in life. The most important motive for work in school and in life is pleasure in work, pleasure in its result, and the knowledge of the value of the result to the community."

-Albert Einstein

2. The SPIFFY Coalition in Hampshire County

The mission of the Strategic Planning Initiative for Families and Youth (SPIFFY) is to initiate and sustain targeted prevention and intervention efforts that foster safe and healthy communities within Hampshire County. SPIFFY is sponsored by the Hampshire Educational Collaborative. Community Action's Community Projects Coordinator is the Chair of the SPIFFY Steering Committee.

In the spring of 2007, the SPIFFY Coalition completed its first assessment of adolescent substance use, anti-social behavior, and the risk and protective factors that predict these adolescent problem behaviors. They surveyed 2,284 students in 8th, 10th, and 12th grade in nine of the twelve school districts in Hampshire County. Tenth and twelfth graders' responses ranked higher than a national sample on half of all risk factors, as well as half of all protective factors. Based on the data gathered, the SPIFFY Coalition has chosen the following priority risk and protective factors to address through their interventions.⁴⁸

- Laws and Norms Favorable to Drug/Alcohol Use
- Perceived Availability of Drugs
- Poor Family Management
- Parent Attitudes Favorable to Anti-social Behavior and Drug Use
- Perceived Risk of Drug Use
- Opportunities for Pro-Social Involvement
- Rewards for Pro-Social Involvement

The Coalition's strategic plan for the current year includes addressing these risk and protective factors in family, school, and community by:

- ▶ Conducting compliance checks, in conjunction with purchase surveys, to ensure that retailers do not sell alcohol to minors.
- ▶ Providing incentives and recognition to liquor licensees for passing alcohol purchase surveys and compliance checks.
- ▶ Strengthening mandatory server training ordinances.
- ▶ Providing alcohol beverage server trainings to retailers, bars, and restaurants.
- ▶ Conducting focus groups with middle school students as part of creating a plan for reduction of drugs on school campuses.
- ▶ Implementing a social marketing campaign to change youth perception that parents don't care if they use alcohol and other drugs.
- ▶ Providing research-based parent education to parents of middle school age youth.
- ▶ Developing a social norms campaign to correct overestimation of youth alcohol, tobacco, and other drug use.

3. Youth Issues:

Comments from our Focus Groups and the Community Organization and Staff Surveys

A very large proportion of the concerns for youth that were expressed by the adults we heard from revolve around economic stress on schools and families – the deprivation of opportunity created by poverty, tension and depression in the home, homelessness and food insecurity, and lack of education and job prospects, especially for lower-income youth. Against this backdrop, we heard that families that are in trouble are in “bigger trouble” and that greater numbers of young people are showing symptoms of mental health disorders at earlier and

earlier ages. As mentioned earlier, the passing scores for the MCAS and GED tests will be going up in the next few years, making it more difficult for youth to complete high school and to get the credential they need for further education or work. Respondents expressed a tremendous amount of concern about the quality of schools, low graduation rates, and the lack of educational alternatives when the traditional high school setting isn't a good fit. Many people also mentioned sexually transmitted infections, early pregnancy, substance abuse, violence, and gangs as major youth issues. A new group has begun showing up at our food pantry – young single adults, most of whom are unemployed and more or less homeless. Cyber-bullying and online predation are also problems for some.

Despite this long list of problems, there are many good things happening for youth in our communities. The efforts of Communities That Care and SPIFFY are a major positive force and incorporate parenting education, prevention education, strategies to decrease youth access to alcohol and drugs, and encouraging rewards for youth who are involved in pro-social behavior. As Communities That Care says, "Prevention works. It's working here." Several of the larger communities have instituted school-community partnerships that mobilize law enforcement, social service providers, school personnel, and prevention specialists to support schools, youth, and families. The ACT Community Service Center, a part of DIAL/SELF Youth and Community Services, is training young people to provide leadership in their communities. There are many opportunities for service learning and mentoring relationships. The youth-serving agencies, including Community Action Youth Programs, collaborate well. There is still more work to do, and there is much strength to build on.

I. Food Security and Nutrition

The health of people with low incomes is compromised by the very fact of their poverty. They often cannot afford to keep from being hungry, have a well-balanced diet, live in safe and warm housing, go to the doctor or buy medications, or participate in physical activities that require money, like league sports or gym workouts. When people do not have enough money to buy food, they have four options open to them: experience the pain of hunger; fend off hunger with inexpensive foods or by skipping or scrimping on meals; forego paying for other basic needs such as heat or housing so they can put food on their tables; and/or seek public benefits, e.g. Fuel Assistance, food pantries, Food Stamps, to create more room in their budget.

Research has demonstrated that low-income families often have diets that are high in saturated fats, sugars, and sodium, and have a low intake of more expensive foods like fruits, vegetables, calcium-rich items, and low-fat meats.⁴⁹ Although low-income adults may desire and know how to provide nutritious food for themselves and their children, it may simply not be possible given their limited means. This places them at high risk for obesity, heart disease, hypertension, diabetes, high cholesterol, and other disease processes.

The most important issue facing youth during the next 3 – 5 years will be "develop[ing] a sense that they have a future and have the necessary skills (academic and vocational) to enter the job market and contribute to the life of the community while being able to support themselves and their family."

A respondent to our community organization survey

"Families that are in trouble are in bigger trouble, because problems are getting magnified and are ricocheting off of each other because the resources aren't there to deal with the problems before they get so big."

A member of a focus group

"Education is the issue, with schools running in the red and nowhere to come up with funds. Teachers are laid off, and schools are being closed, which only creates crowded classrooms and less one-on-one attention plus stress in the classrooms for both the teacher and students."

Respondent to staff survey

Nationwide, only 23.75% of all food pantry users described their health as excellent or very good.
Hunger in America 2006,
America's Second Harvest

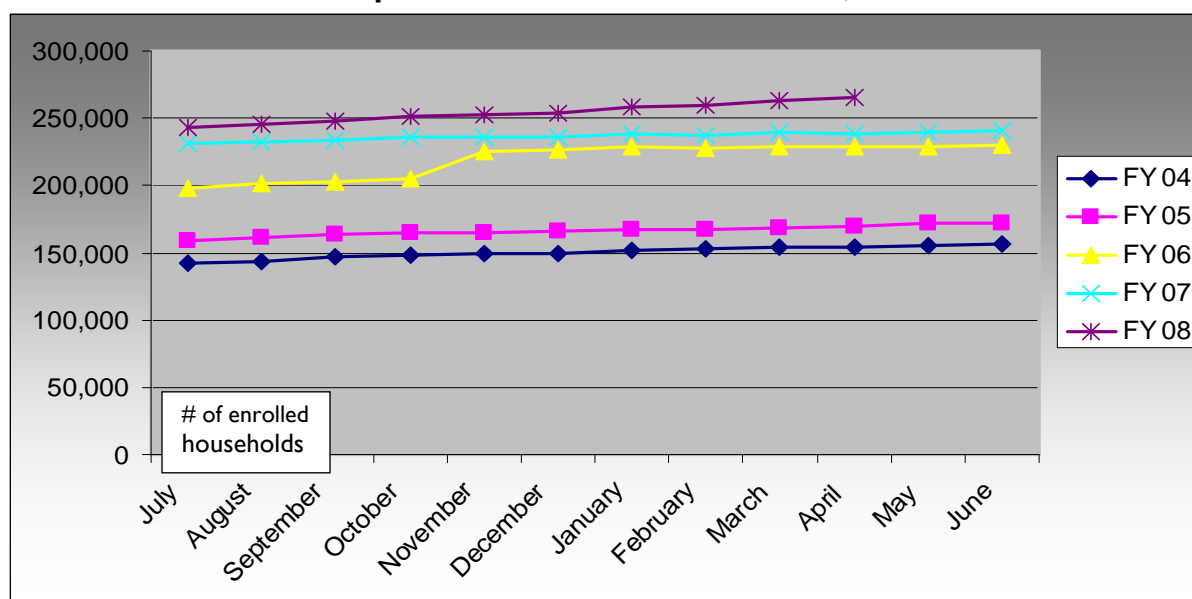
Just over half of "food insecure" households in America take part in one or more of the 3 largest Federal food programs: Food Stamps, School Meals, and WIC (Women, Infants, and Children), yet they still experience food insecurity. Food Stamps are issued once a month and last on average 2.5 weeks.
Hunger in America 2006,
America's Second Harvest

Households are "food insecure" if they cannot consistently afford to buy enough food to meet the basic nutritional needs of their members. If one or more household members went hungry, then a household would be further classified as "food insecure with hunger." The prevalence of food insecurity and hunger has been rising steadily in Massachusetts since the millennium.⁵⁰ In the high poverty areas of the state, including Amherst and Greenfield, recent research by Project Bread reveals that 32% of households are food insecure and that 18% of households (or 57% of food insecure households) experience hunger, a level unprecedented in Massachusetts.⁵⁰ Households at greatest risk of hunger are families with children, single-parent families, and households with annual incomes below \$20,000 – typical of many of the families Community Action serves. The correlation between food insecurity and poor health is high; 65% of adults and 59% of children that are in fair or poor health also reported being food insecure.⁵⁰

In Community Action's service area, there are quite a few food pantries and meal sites, many of them run by local non-profits, including Community Action, and others by dedicated volunteers, many associated with faith communities. In Franklin County, the Hunger Task Force of the Franklin County Resource Network has organized Saturday meals through the winter, a summer feeding site for children and youth, and the Fill the Belly Bus food drive in late summer when demand on pantries is highest and food is in shortest supply. In the North Quabbin region, the annual food drive sponsored by WJDF 97.3FM is extremely successful. In Hampshire County, a Hunger Summit convened with Community Action's help has been organizing a broad range of responses to local food insecurity, including initiating summer meals programs, social marketing to decrease the stigma of using Food Stamps, making it easier for Farmers' Markets to accept Food Stamps, and outreach about recent changes in Food Stamp eligibility guidelines. The entire area is also served by the federally-funded Women, Infants, and Children (WIC) program for breastfeeding women and children 0 – 5 who live in families with income up to 200% FPL. Community Action operates the WIC program in all but Ware.

Food Stamps really help, but at current benefit levels, Food Stamps alone cannot purchase a nutritious diet. For instance, with the recent significant inflation in food prices, in Boston a family receiving the maximum Food Stamp benefit can now cover about 60% of the cost of the U.S. Department of Agriculture's "nutritious diet at a minimal cost" upon which Food Stamp benefits are determined – a diet that is widely recognized as inadequate or unrealistically inexpensive.⁵¹ Seventeen percent of participants in Community Action's programs in 2007 used Food Stamps, although many more were income-eligible.³⁰ Food Stamp enrollment in Massachusetts has historically been among the lowest in the nation. Recently, the Department of Transitional Assistance (DTA) has made real progress in changing regulations and improving access to make it easier to obtain Food Stamps, as illustrated below. Last year, as part of this effort, Community Action's First Call for Help program began helping people start the Food Stamp application process at its offices in Greenfield, Athol, and Northampton.

Food Stamp Enrollments in Massachusetts, 2004-2008



Respondents to our survey made use of the wide variety of local services to supplement their food budget, as the following table illustrates. Please note that we changed survey questions in 2008.

In the past year...	1999 all of Franklin County	2002 all of Franklin County	2005 all of Franklin County	2008 Franklin County (all 26 towns)	2008 North Quabbin (all 9 towns)	2008 Hampshire County
I used emergency food services.	39.0%	42.0%	43.4%			
I used a food pantry.				60.4%**	33.3%	30.1%
I used a community meals program.				30.6%	14.3%	15.5%
our children were enrolled in free/reduced price school meal program.				59.0%	47.6%	65.3%
we used Food Stamps.				44.8%	39.7	31.3%

**Many surveys in Franklin County were completed with the help of the food pantry staff, so this result is most likely an over-reporting.

Despite the use of these resources, respondents reported a high level of food insecurity. We were very distressed to see how many adults had gone without food for an entire day because of lack of money – almost 18% of all respondents. Indeed, having to miss even one meal for this reason is unacceptable in this wealthy nation, yet children and adults right here are skipping meals. As heating fuel, gas, food, and utility costs rise much faster than wages or public benefits, the prospects for the coming years are truly alarming.

In the past year...	2002 all of Franklin County	2005 all of Franklin County	2008 Franklin County (all 26 towns)	2008 North Quabbin, (all 9 towns)	2008 Hampshire County
our children sometimes missed a meal.	10.0%	15.9%	6.0%	2.4%	3.2%
adults sometimes missed a meal because of lack of money to buy food.	34.0%	48.5%	36.1%	23.8%	20.0%
adults went a whole day without eating because of lack of money.			22.6%	9.5%	9.9%

Because we noticed that many of our 2005 survey respondents were food insecure yet said they had not used our food pantries, this year we asked questions to find out what keeps people from using local emergency food programs. Almost 150 of our respondents who indicated they lived with food insecurity had not used an emergency food program, and they told us why:

I did not use a food pantry because:

- We had enough food. -37.1% - These are most likely people who were able to get enough food through use of other supplemental food programs such as WIC or Food Stamps.
- I was embarrassed. - 35.0%
- I did not know of any. - 19.6%
- I think I earn too much. - 17.5%
- The hours were inconvenient. - 11.2%
- I couldn't get there. (lack of transportation) - 11.2%
- I didn't like the choice of food. - 9.1%

Based on these results, it is clear that Community Action and other providers of emergency food programs need to conduct social marketing to get the word out about our presence, to decrease the stigma of using emergency assistance, and to increase potential users' knowledge of income eligibility criteria. However, deliberately going about seeking more people to use our food pantries poses a major dilemma for us; we do not always have enough food to meet the need that is already coming through our doors.

This level of food insecurity in the midst of so many programs and so much effort to alleviate the need is a national, not a local, phenomenon. Throughout the country the same sort of patchwork system of publicly- and privately-funded emergency food programs that exists here is working hard to keep people fed and healthy, yet it just isn't enough. One Mayor told our Executive Director how proud the Mayor's office was that so many people responded generously to a food drive – and how shocked they were at the number of people who needed it. In a recent survey, Second Harvest, the nation's food bank network, found that every one of its members has seen an increase of 15% - 20% in the number of people served in the past year.⁵²

The stagnation of wages and the rising costs of basic goods are forcing more people to turn to emergency food programs. Eighty-four percent of the food banks surveyed by Second Harvest said they do not have enough food to adequately meet increased demand and have had to reduce the amount of food they distribute or the number of people they serve. The shortage of food for food banks and food pantries stems from a substantial reduction of donations of government-purchased commodities; rapidly rising food prices making it difficult for pantries with limited budgets to purchase enough food; and the growth of discount food outlets, considerably limiting the amount of salvage food available for emergency food providers.⁵²

Two-thirds of a century of public food assistance and two decades of expansion of private charitable projects haven't solved the problem, because hunger cannot be eliminated unless we address the broader problems of poverty.

Janet Poppendieck,
Chronicle of Philanthropy,
April 2008

Despite the generosity of neighbors helping neighbors during food drives, despite the dedication of volunteers who run meals programs in church basements, despite the \$53 billion the government puts into food programs, it just isn't enough because the root cause of the problem – poverty – remains unaddressed in any significant way.⁵³

In the absence of jobs that pay a living wage, the Food Stamp program could keep people from going hungry if it were expanded, according to Mark Winne, author of *Closing the Food Gap – Resetting the Table in the Land of Plenty*. (Beacon Press, 2008) “If the nation increased Food Stamp spending by 50 percent, from the \$31 billion provided in the past year, nobody in the United States would have to go hungry.”⁵³ As stated earlier, the state Department of Transitional Assistance has been working to make access to Food Stamps easier, and we applaud the direction they are taking. Earlier this decade, the Commonwealth had the lowest percentage of eligible residents using Food Stamps. Now it has the fastest-growing Food Stamp program in the country, a dramatic turnaround that state officials attribute both to soaring food prices and to a simplified application process.⁵⁴

Whatever a genuine solution to food insecurity in our region might be, in the final analysis, it is a matter of national and state priorities; we can't help but notice that tax cuts keep being made even when people are going hungry, and that there seems always to be enough money for war but not for meeting basic needs at home. Community Action and our colleagues throughout our service area will continue to do our best to keep people from going hungry and getting sick because of poor nutrition. We know the problem is bigger than we are, and we have grave concern for the future.

J. Housing and Homelessness

1. Affordability

Housing is perhaps the biggest driver of the high cost of living in our service area. Massachusetts ranks highest in the nation for the wage that is required *in all combined non-metropolitan areas* (i.e. excluding Boston, Springfield, Worcester, etc.) to make the Fair Market Rate of a two-bedroom apartment affordable at a standard of paying no more than 30% of income for housing -- \$28.02 per hour.⁵⁵ Yet the average hourly wage in our service area is closer to \$17.00 per hour. The growth of this affordability standard from 2000 – 2008 is the third highest in the country.⁵⁵

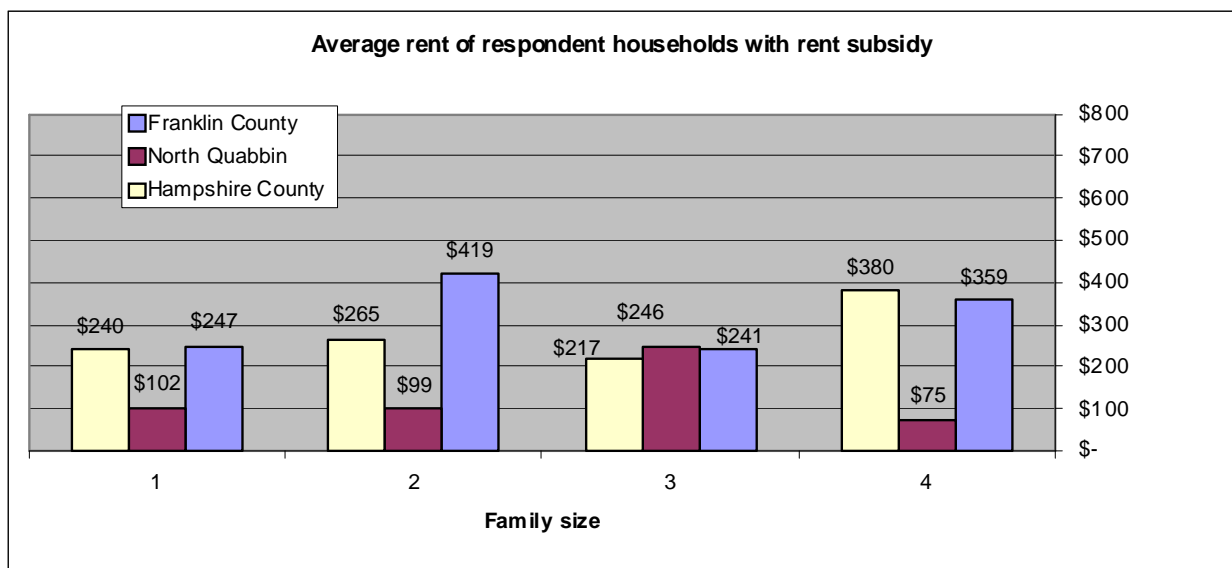
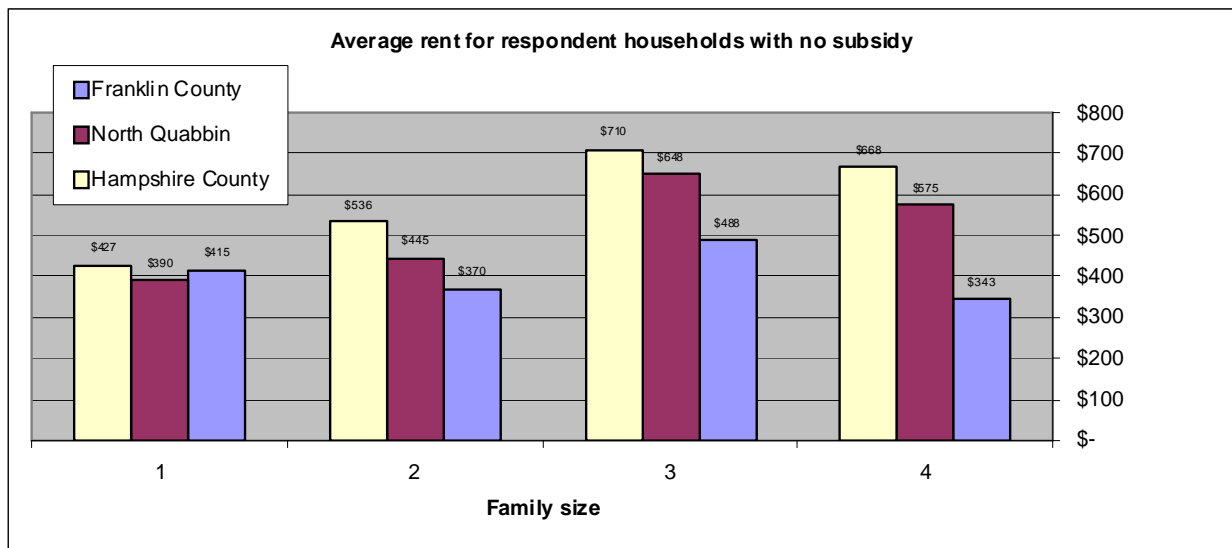
The following chart shows how this plays out in Community Action's service area for households with income at 30% of the area's median income. Many households that use Community Action services have income this low, or lower. If a family does not have a housing subsidy, they are either living in substandard or over-crowded housing, or they are most likely paying well above 30% of their income for housing. The bigger the family is and the more bedrooms they need, the more likely that this is true.

2008 <i>All data from National Low Income Housing Coalition⁵⁵</i>	Annual household income of 30% of area median income	Affordable monthly housing costs (30% of area median household income)	Fair Market Rate: 1 bedroom	Fair Market Rate: 2 bedrooms	Fair Market Rate: 3 bedrooms
Franklin County	\$19,770	\$494	\$662	\$820	\$1,094
North Quabbin (Worcester County portion)	\$18,300	\$458	\$700	\$785	\$ 937
Hampshire County	\$19,440	\$486	\$664	\$844	\$1,010

What this means is that about half of all renters must pay more than 30% of their income for rent, as shown in the chart below. Housing subsidies that assure that a household pays no more than 30% of its income for rent are available but in short supply; people's time on the waiting list can sometimes stretch out for years.

2008 All data from National Low Income Housing Coalition ⁵⁵	% increase in Fair Market Rate (FMR) rent for 2-bdrm. since 2000	Fair Market Rate (FMR) rent for 2- bedroom apartment	Household income required to afford FMR rent at 30% of income	% of all renters who cannot afford FMR 2-bedroom apartment
Franklin County	45%	\$820	\$32,800	51%
North Quabbin	53%	\$785	\$31,400	50%
Hampshire County	45%	\$844	\$33,760	54%

Current rent paid by respondents to our survey is shown in the graphs below. A housing subsidy obviously makes a tremendous difference in the amount of money available for other expenses. Rent paid by households with a subsidy varies widely because it is based on income, not on the Fair Market Value of the apartment.



A very large portion of respondents to our needs assessment surveys over the years have experienced serious difficulties related to housing. Below are the results of these surveys from 1999, 2002, and 2005.

	1999	2002	2005
Our rent or mortgage was too high.	46.0%	61.0%	57.6%
We had difficulty finding affordable and safe housing.	32.0%	47.0%	53.1%
We had trouble paying utility and heating bills.	75.0%	85.0%	82.1%
We lived in unsafe or unhealthy conditions.	20.0%	25.0%	33.1%

In 2008 we asked different questions related to housing and homelessness. Twelve percent of respondents reported having been homeless in the past year, with 32% of respondents under age 30 having been homeless. The good news is that 81% of homeowners in our survey considered where they live to be safe and healthy, and 87% of renters did.

2. Foreclosures

Foreclosures have increased in our service area recently but have been relatively low compared with some places in the country. Hampshire County foreclosures more than tripled, from 9 to 31 foreclosures, in the first quarter of this year over last year, while in Franklin County the number of people losing their properties to foreclosure rose from 13 to 19.⁵⁶ According to the Valley Community Development Corporation, sub-prime mortgages are not the major factor driving foreclosures in our area. Rather, the re-setting of variable rate mortgages, predatory lending, and health-related problems leading to job loss or reduced income are the more common precipitating factors.^{57, 56} According to the postings on RealtyTrac.com, in the 4 largest towns in Franklin/North Quabbin, there were 41 properties in “pre-foreclosure,” 9 going to auction, and 107 already bank-owned in August 2008. Athol and Orange in the North Quabbin region had by far the largest share of these.⁵⁸ In the 6 largest towns in Hampshire County, there were 26 “pre-foreclosure” properties, 6 going to auction, and 52 bank-owned.⁵⁸ This past spring the Franklin Regional Housing and Redevelopment Authority and the Valley Community Development Corporation began offering foreclosure prevention counseling funded by the Massachusetts Division of Banks and the Department of Housing and Community Development.

3. Homelessness

Among our survey respondents in 2008, 20% from Franklin County, 14.7% from North Quabbin, and 6.7% from Hampshire County said they had been homeless or had to live with family or friends at some point during the past year. Statewide, homelessness reached a record high in the fall of 2008 and was likely to rise because of the mortgage crisis and continuing surge in foreclosures.⁵⁹ About 2,000 families (almost a third more than two years ago) and 2,900 individuals were housed in shelters, and an additional 600 families were living in hotels at the state’s expense.

The Massachusetts Commission to End Homelessness recently set a new direction for the Commonwealth, a five year plan to move resources spent on sheltering homeless people to preventing homelessness, creating a system focused on permanent housing from one that is now shelter-based.

Ending homelessness will not be easy and will require a dramatic transformation of the Commonwealth’s system for responding to homeless individuals and families. The Commission generated a broadly-accepted vision for a new system, where shelters are used only for emergency transitions and every family and individual has a permanent place to live. Today, the system starts with placement in shelter for those presenting as homeless; tomorrow, we envision a system that starts with stabilizing existing tenancies to prevent homelessness, re-housing people before they enter shelter, and linking people to the appropriate community supports to find and keep stable housing situations and

“The first thing I noticed [when I moved here from Boston] was how bad the transportation was...

Getting to school was a mission for me. I had to take two busses just to get there. I would have to sometimes wait 45 minutes. This was very stressful for me because I needed to be home at a certain time to take my daughter off the bus. It was also hard picking the classes that I needed due to the bus routes not matching up with my schedule.... Keeping or getting a job felt impossible. I would find good jobs but have to leave them due to the bus not matching up with my work schedule or not running at all.... I want to support myself. The ability to remain in school, and find a job is important to me. However, I am always experiencing difficulty even getting to medical appointments and purchasing food for my family.

A local resident,
October 2006

improve their economic position. It also means using housing opportunities as a vehicle to link families and individuals with workforce development and income maximization programs.⁶⁰

As a provider of services to prevent homelessness and to settle people in permanent housing upon leaving a shelter, we see much in the goals of this plan to recommend it. We agree that a plan of this boldness is required in a state where affordable housing for people with low incomes is simply not available.

K. Transportation

Transportation is a basic support needed to find and maintain employment, obtain education, or gain access to services. With no way to get to work, parenting workshops, playgroups, or sites where social services are located, isolation can become a major problem in terms of emotional well-being and family functioning.

In Franklin County, commuting to work has increased as employment opportunities in traditional [manufacturing] employment centers in the county have decreased. For instance, the percentage of Greenfield residents that lived and worked in town declined from 48% to 38% from 1990 to 2000.³⁴

Franklin County has very limited public transportation. Only Greenfield and Montague in the central region have public transit, and there is a bus link from Greenfield to Orange and Athol in the North Quabbin area. Routes are neither frequent nor far-flung enough to get most people to work, child care, shopping, and social services conveniently. Regional transportation planners are aware of the need for better public transit. However, running a public transit system in a rural area is impossible without substantial public subsidy. The North Quabbin region has come a long way, but it is an open question whether or not significantly improving public transit in the rest of Franklin County is an economically viable hope.

Transportation availability and needs in Hampshire County vary tremendously depending on where in the county one lives and where one works. Because of the presence of the colleges and the concentration of population in Northampton and Amherst, there is an extensive public transportation system in the central part of Hampshire County, the Pioneer Valley Transit Authority (PVTa), which provides a network of fixed routes and community shuttles in the region. However, transportation routes that serve the five colleges reduce their operations during summers and other school vacations. The towns in the easternmost part of the county have fewer transportation options. PVTa does offer limited weekday service in Belchertown, Palmer, and Ware. People living in the western Hilltowns are completely car-dependent, as there is no public transportation within those communities (except for bus service between “downtown” Williamsburg and Northampton).

People must rely on private cars for getting around. As the director of the local employment office said, “Within the Franklin County area, the car is more of a

solution than public transportation because of where the fixed [bus] routes are [and are not]....Welfare-to-work is about people being self-sufficient, and in a rural area, your car is how you get self-sufficient.”⁶⁰ Of course, car ownership brings many headaches of its own. People with low incomes must often buy old and unreliable vehicles and frequently have difficulty maintaining them in fit and legal condition. An unreliable car can lose you your job, or keep you from getting one in the first place.

Responses to our participant survey show what a major issue transportation is. (Please note that in 2008 we changed some of our survey questions related to transportation.)

In the past year, I...	2002 all of Franklin County	2005 all of Franklin County	2008 Franklin County (all 26 towns)	2008 North Quabbin (all 9 towns)	2008 Hampshire County
had access to public transportation.	57.5%	53.4%	Did not ask	Did not ask	Did not ask
owned or leased a car.	82.0%	90.5%	68.8%	83.3%	83.1%
had difficulty paying for car repairs or insurance.	81.0%	88.5%	39.2% (asked only if unable to fix car)	37.5% (asked only if unable to fix car)	37.1% (asked only if unable to fix car)
had difficulty coming up with gas money.	77.0%	83.7%	49.7% (unable to fill tank)	45.8% (unable to fill tank)	44.8% (unable to fill tank)
missed medical appointment because of lack of transportation.			25.7%	19.0%	16.2%
turned down a job because of lack of transportation.			9.4%	6.3%	5.1%

When a lack of transportation creates a barrier to obtaining services or getting to important appointments, Community Action programs provide transportation for participants whenever possible. With gas prices skyrocketing, transportation costs are only becoming more of a problem, both for the people we serve and for our programs themselves. The transportation provided to Community Action programs and events is critical to families' participation. However, we may be forced to make some reductions in transportation assistance in the coming year, just at the time when it is needed more than ever.

L. Health and Health Care

1. Chronic Disease Indicators and Behavioral Risk Factors

The State Department of Public Health has set benchmarks for improvement in health indicators through its Healthy People 2010 initiative. People in Community Action's service area are doing better in some ways than the statewide benchmarks and in some ways worse.⁶¹

In 2005/2006, prevalence of the following chronic disease conditions was above the state average and the Healthy People 2010 target:

In Franklin County for:

- Breast cancer deaths
- Cervical cancer deaths
- Prostate cancer deaths
- Deaths from cirrhosis

In Athol for:

- Overall cancer deaths
- Lung cancer deaths
- Colo-rectal cancer deaths
- Deaths from coronary heart disease
- Hospitalizations for asthma for children 0 – 5

In Hampshire County for:

- Deaths from colo-rectal cancer
- Deaths from cirrhosis

Prevalence of the following chronic disease conditions was below the state average and Healthy People 2010 target in 2005/2006:

In Franklin County for:

- Lung cancer deaths
- Diabetes deaths
- Deaths from coronary heart disease
- Hospitalizations for asthma for children 0 – 5

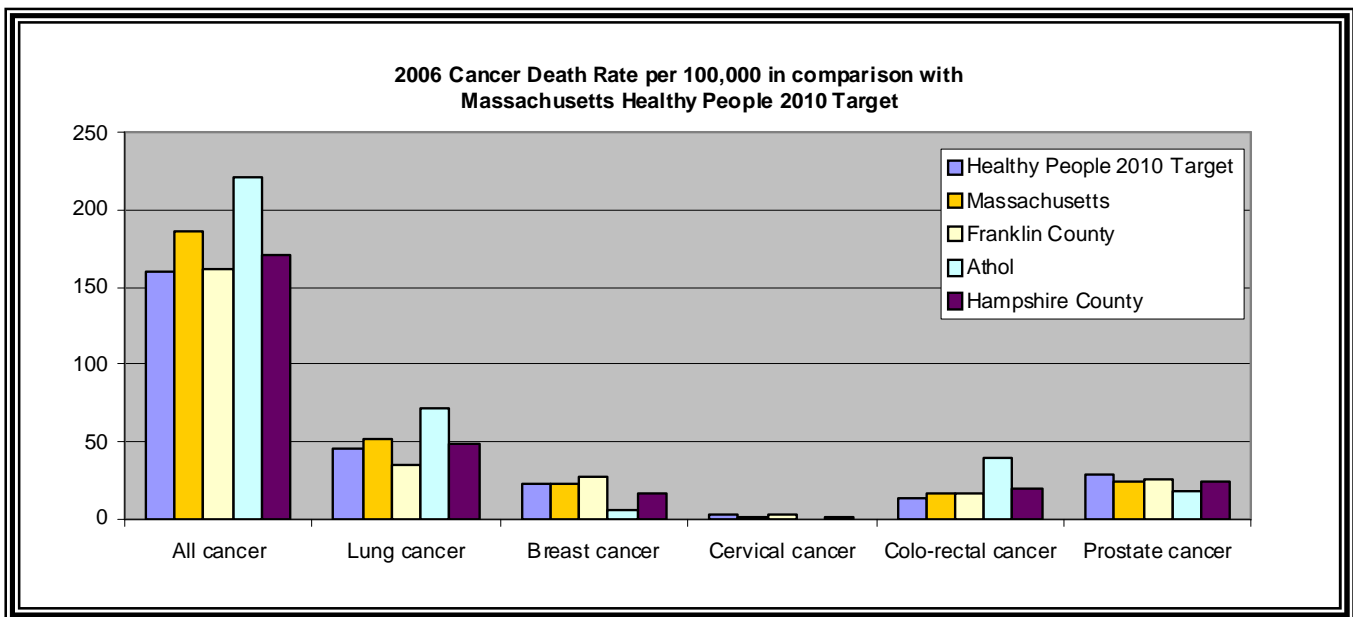
In Hampshire County for:

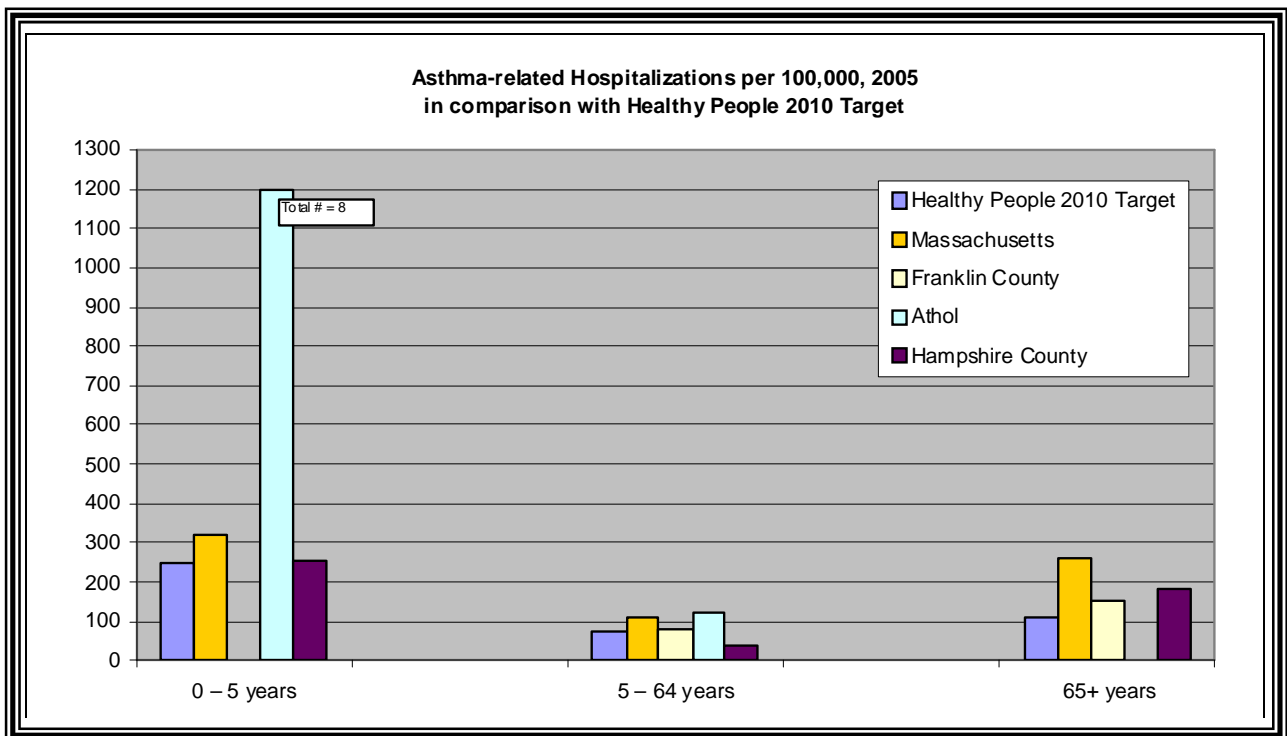
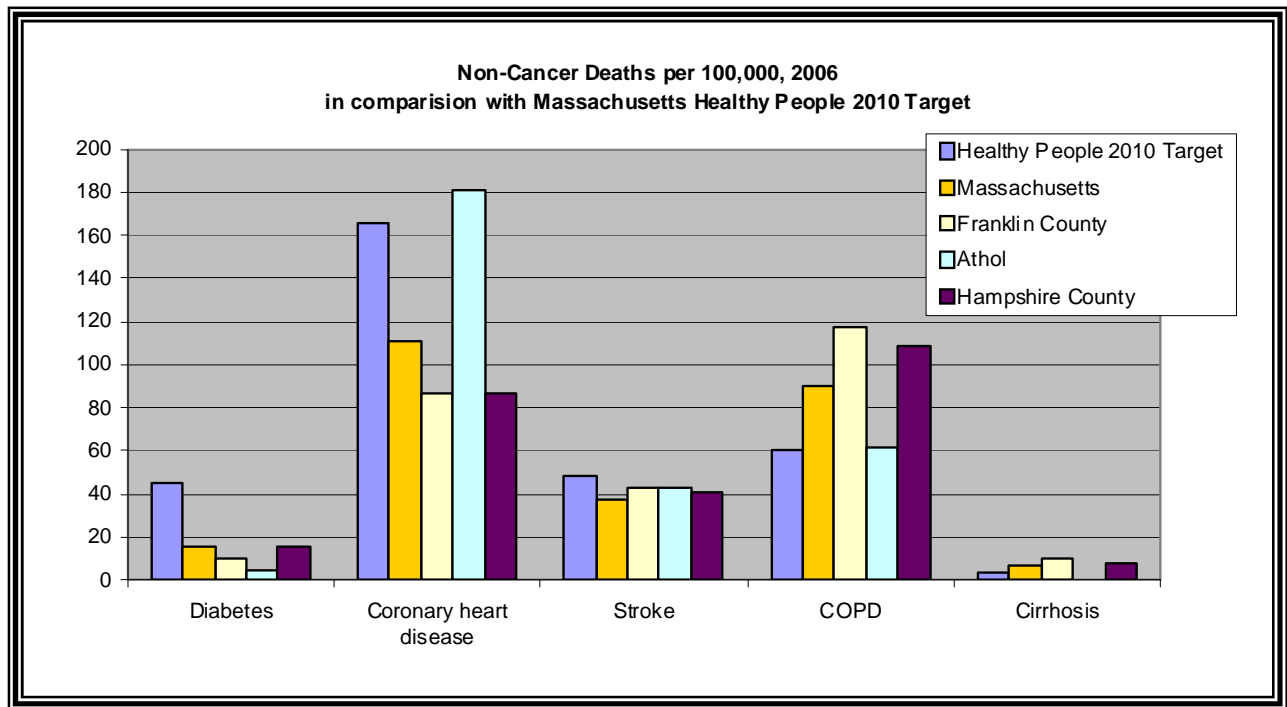
- Breast cancer deaths
- Deaths from coronary heart disease
- Hospitalizations for asthma for people ages 5 – 64

In Athol for:

- Breast cancer deaths
- Cervical cancer deaths
- Prostate cancer deaths
- Deaths from diabetes

The charts below and on the following page show more graphically how each geography fares in relation to the state average and the Healthy People 2010 target.





The state's highest priorities in promoting wellness are diet/nutrition and smoking. The percent of adults from Western Massachusetts who are overweight grew from 49.5% to 60.8% from 1995 to 2005.⁶⁸ People in our service area with a high school diploma or less have a worse health risk profile than average, as the chart below shows. They are more likely to be overweight, engage in binge drinking, and smoke. The death rate in 2006 for those with a high school education or less was almost 3 times higher than the rate for those with 13 years of education or more.⁶²

Behavioral Risk Factor Surveillance Survey, 2000 – 2005⁶³

Risk factor for adults 18+	Massachusetts	Franklin/North Quabbin	Hampshire County
Current smokers	19.0%	22.2%	19.2%
Current smokers with h.s. diploma or less	27.2%	28.4%	33.3%
Binge drinking	17.5%	15.8%	17.4%
Binge drinking, high school diploma or less	17.5%	18%	24.5%
Overweight	54.2%	57%	48.3%
Overweight, high school diploma or less	60.0%	59.2%	56.3%
Obese	17.9%	20.3%	12.7%
Obese, high school diploma or less	22.6%	20.9%	16.1%

2. Health Care Access

The two major factors that influence access to health care are availability and affordability. Availability has to do with both the number of practitioners of various types within a region as well as patients' proximity to medical practitioners and the availability of transport to get there. In the United States, affordability of health care is largely dependent on whether or not one has some form of public or private insurance.

Availability. In our service area we are fortunate to have four community-minded hospitals, Baystate Franklin Medical (Greenfield), Baystate Mary Lane (Ware), Athol Memorial Hospital, and Cooley-Dickinson Hospital (Northampton), as well as two community health centers, one with offices in Turners Falls and Orange in Franklin County, and the other with offices in the Hilltowns of Hampshire County.

Nationwide there is a shortage of primary care physicians. In Western Massachusetts this shortage is a serious problem.⁶⁴ And although more and more doctors are shunning primary care and going into specialty areas, the shortage has spread into obstetrics/gynecology, neurosurgery, anesthesiology, cardiology, and gastroenterology here, as well.⁶⁴ The standard for the ratio of specialists-to-primary care providers is 1 – 1, and in Massachusetts it is now about 3- or 4- to 1, with even fewer primary care physicians in the pipeline.⁶⁴ The shortage of primary care physicians is being felt here because the physician practice environment – as defined by the cost of doing business, median physician income,⁶⁶ and ratio of housing prices to income – has deteriorated for the thirteenth consecutive year, according to the Massachusetts Medical Society.⁶⁴

Affordability. In the last few years, Massachusetts has been expanding its public insurance system to include more people, gradually raising the income eligibility limits up to 300% FPL. The system relies on private insurers paid through both employers and the state. The higher your income over a certain limit, the more you must contribute to the cost of the premium. If you are eligible for health insurance through your employer, you are not eligible for publicly-funded health insurance.

The overall uninsured rate for the state dropped from 6.4% in 2006 to 5.7% in 2007, and the number of people without insurance fell from 395,000 to 355,000, with a total increase of 256,000 insured people since health coverage reform began.⁶⁵ While there are many more people with health insurance, people have difficulty finding primary care doctors who accept the state insurance.^{66,67} Even for those with insurance, deductibles and co-pays remain a major barrier to obtaining needed care.⁶⁸ The various systems that must work together to make coverage go smoothly are not yet well-connected with one another.⁶⁹ Two groups of people are not eligible for

any of the insurance plans offered by the state: people in some immigration categories, and employees who are offered insurance through their employer. In the latter case, a problem arises if the employer offers insurance at an unaffordable rate and the employee still has no access to the insurance offered by the state.^{67,69} Higher income people are balking at the state program premiums because they are quite high.

For a low-income consumer who lives in a rural area, this situation creates triple jeopardy. Not all medical providers – particularly dentists – accept publicly-sponsored insurance, so the choice of practitioners is reduced. There are not enough primary care physicians and specialists, which means it may be necessary to drive quite a distance to get to a doctor. And transportation is very expensive, if it is available at all.

While there are some significant problems with Massachusetts' health care reform and the "verdict" is still out, it is an important step in redefining the social compact because its basic premise is that everyone needs to have affordable access to health care as a condition of living in the Commonwealth.²³ As this experiment unfolds, we will work – primarily through our health care access program, Healthy Connections – to ensure that our constituents' needs are considered.

M. Community

Rural isolation, a relative lack of resources, and the mixing of many kinds of people in our small communities have a positive side: people help each other out just to get by. There is a high level of volunteerism and cooperation across cultural and class boundaries. Despite relatively low income levels, people are very generous. There is energy and activism to bring the community together, be it for a food drive, a farmers' market, cultural events, or keeping a family shelter or a court or a community college from being closed. Very different sectors of the community can connect and work together. The North Quabbin Community Coalition, the SPIFFY Coalition, and Communities That Care are three major examples of this, but many others flourish. Social agencies work well together, with a relative lack of turf battles, even when money is tight. Because of the small scale, referrals among agencies can be made on the basis of relationship and trust rather than in a more anonymous or generic fashion.

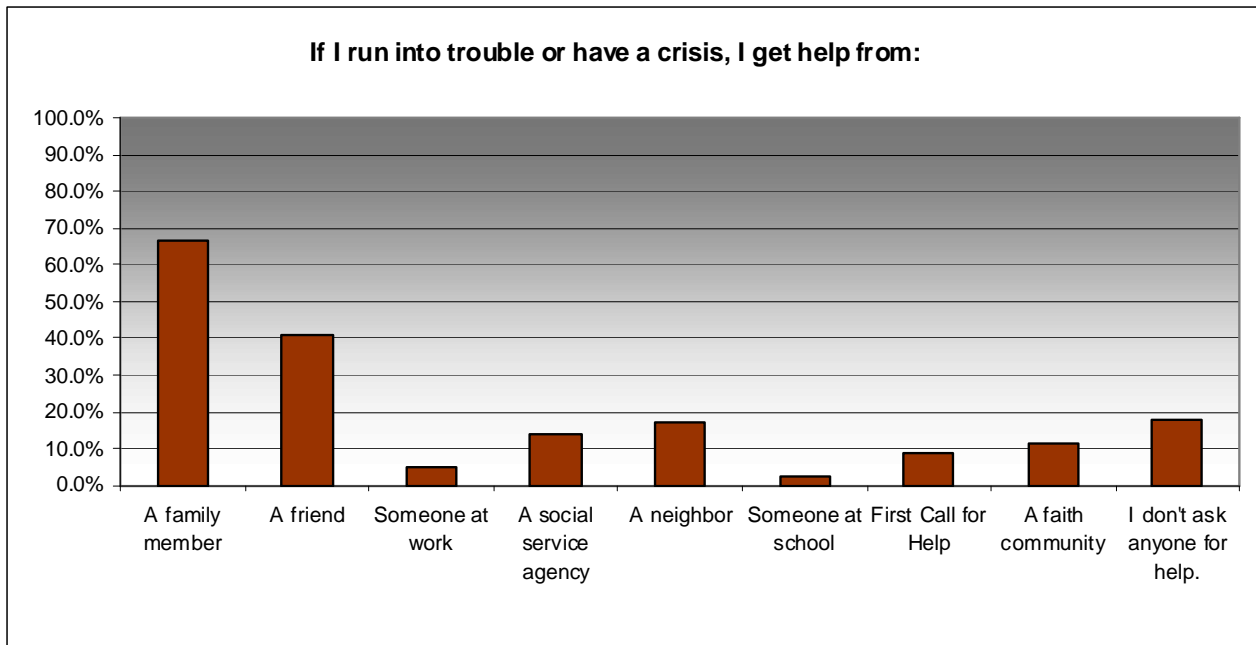
Local government is very accessible and usually run by people with other jobs, not professional politicians. With the exception of Northampton, Easthampton, and Greenfield, which have a mayoral form of government, all towns hold an Annual Town Meeting of all voters, facilitated by an elected Town Moderator. The Town Select Boards and municipal managers conduct town business with the input of numerous volunteer Committees and Boards. All meetings are open. In addition, many advocacy groups, including Community Action, have representatives on regional planning bodies such as the Council of Governments and the Community Development Corporations. There is a strong sense of civic engagement and obligation.

This year for the first time we asked our survey respondents to tell us their thoughts about their communities. Community Action's motto is "Building on the Strength of our Community," and this fascinating glimpse of our low-income constituents' perceptions showed us a lot about just what kind of strength there is.

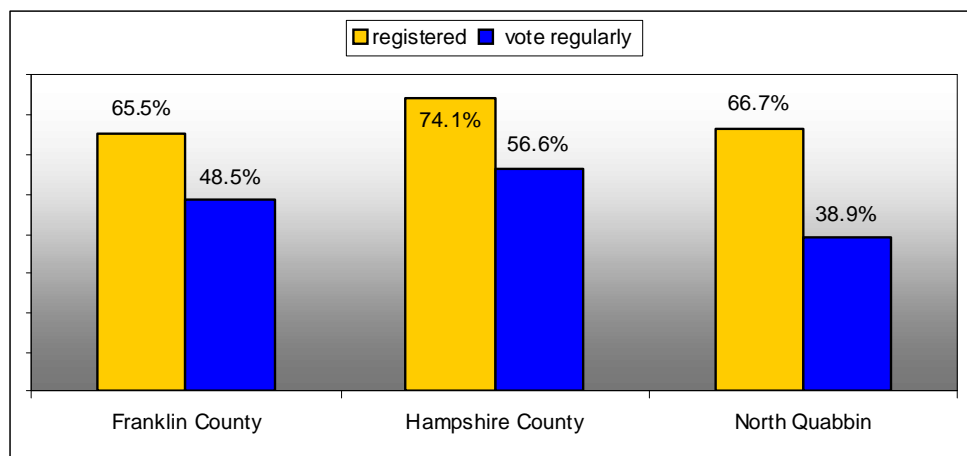
People in our service area are really struggling. There is no way to put a positive spin on that. For instance, it's not a good thing that almost 56% of the people who responded to our survey had to borrow money sometime last year just to pay for basic goods and services. But we do have to presume that most of these people borrowed from family and friends – and it's a good thing that there are people around who can and do help out.

We wanted to know more about people's help-seeking behavior, and so we asked where they went for help if they ran into some trouble. About 57% said there were others in their community they could turn to for help.

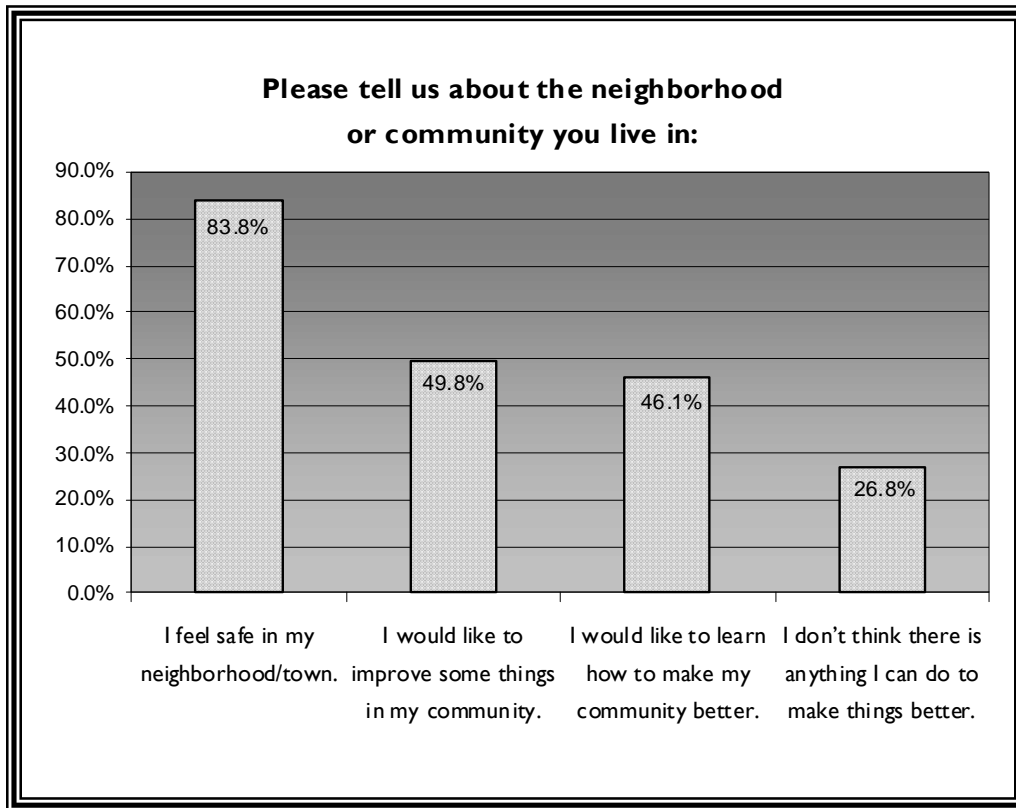
We were pleased to see that people make good use of their “natural” helping networks and don’t rely solely on social service agencies. (Please refer to the graph below.) We have never sought to replace these ties, only to augment them, for they help to make our community strong.



We also wanted to know about voting among a group of people who are seen, in stereotype, as disenfranchised and alienated. Respondents to our survey are registered to vote at about the same rate as the statewide average (about 70%), and about 73% of the people who are registered vote regularly. (Please refer to the graph below.) The older the respondent, the more likely he or she was to vote regularly. Respondents said they vote because it is their duty, right, privilege, or responsibility. Those who don’t vote cited transportation problems, barriers created by disabilities, and disenchantment with the political process. (Please refer to the graph below and the sidebar on the next page.)



Almost 84% said they feel safe where they live. About 56% said they would like to improve things in their community (as opposed to believing there was nothing they could do), and close to that number wanted to learn skills that would help them do that. Because we believe so strongly in taking our lead from the people we serve, we were delighted to see this high level of openness to getting involved, and we have made encouraging community leadership one of our strategic priorities for the next three years.



The things that respondents wanted to improve were varied. By far the most frequently mentioned change they wanted was more affordable, safe, fun activities for children, youth, and families, particularly unsupervised youth. Another major theme had to do with neighbors and communities helping those most in need and people just being willing to communicate better. Sixteen out of 243 people commented on the need to get rid of drug dealing and drug abuse, and some of these also mentioned related violence. Eight mentioned a need for better transportation; eight for better schools; five for more emergency food; and four for more child care. A handful of respondents wanted to tackle things on a grander scale and answered: “environmental protection,” global warming, “make the world safer,” “change away from capitalism,” “political awareness.”

N. Conclusion

In years past, we have concluded our community needs assessments with a list of pressing issues facing the citizens of our communities who have low incomes. Presenting an itemized list like this could imply that each issue is independent of others, or that addressing any one issue separately could make a significant impact on improving the quality of life for all people with low incomes. We want to avoid this implication.

We view each of the issues that Community Action seeks to redress as critical to maintaining and strengthening a social safety net, and we are committed to doing so on as many fronts as we can. Yet everywhere we turn there is always more need

I vote because:

- I care about “We the People.”
- I want to have a say in our future.
- Democracy is priceless, and it’s fading fast!
- I want to improve things for low income people.
- I want to be an active and responsible part of society.
- My voice is important. Many women fought for this right.
- People died so I would have the right.

I don't vote because:

- I can't ever decide who to vote for.
- I don't like politics.
- They are all crooks.
- None of the Presidents think of the poor.
- They don't have anyone worth it.

“I am of the opinion that my life belongs to the whole community and as I live it is my privilege – my privilege – to do for it whatever I can. I want to be thoroughly used up when I die, for the harder I work the more I love. I rejoice in life for its own sake. Life is no brief candle to me; it is a sort of splendid torch which I've got a hold of for the moment and I want to make it burn as brightly as possible before handing it on to future generations.”

-George Bernard Shaw

being created, and the safety net is becoming more heavily burdened. We are forced to conclude that the problems we see are caused by the fundamental flaws in our socioeconomic system mentioned earlier in this section. They must be addressed as such, not as discrete problems. At the same time that we focus on one particular person or issue, we must keep sight of the larger pattern of extreme economic inequality that we are experiencing in this country today. Our economy does not create enough jobs that pay a living wage, and problems like homelessness and hunger are the result of this underlying problem. To borrow from the popular proverb, we are pulling people from the river to keep them from drowning, and we also need to go upstream to stop them from being thrown in.

Seeing social problems in “silos” – housing “the homeless,” feeding “the hungry,” protecting “the victim” – distances us from the reality of people’s lives and places disrespectful labels on them that do not take in the entire reality of their lives. A family struggling with one issue is likely to be struggling with several others. This family cannot be reduced to an adjective such as “homeless;” they are neighbors, citizens, people. This is why Community Action places such a strong emphasis on working collaboratively, so that we can effectively address the whole person, the whole family, and the whole community, as you will see in the next section of this document.

V. INTERNAL NEEDS ASSESSMENT

The internal organizational assessment provided extremely useful information about the quality and efficiency of the services offered by Community Action. Three separate groups were surveyed: staff members, colleagues at collaborating agencies, and program participants. Focus groups conducted throughout the service area provided an opportunity to have a dialogue with professionals and community leaders about the challenges facing people with lower incomes and how organizations can best work with Community Action to fulfill its mission.

A. Infrastructure and Leadership

1. Board Self-Assessment

The Board self-assessment asked for 5-point scale ratings of 20 affirmative statements such as “The roles and responsibilities of the Board and the agency’s Executive Director are clear and respected,” “Board meetings are productive and provide opportunities for members to freely share ideas and opinions;” and “Meetings are focused on policy planning, and oversight matters in addition to information sharing/reporting.” Eighty-eight percent of the scores were “Strongly Agree” or “Agree.” When asked what the top three priorities for the upcoming year should be, Board members cited fundraising, marketing, advocacy, and board development. When asked their opinion about ways to improve the Board’s effectiveness, they cited training, committees, communication, and fundraising.

The Board discussed the results of the self-assessment at their August 2008 meeting. Much of the discussion centered on meeting agendas and the timing of meetings. There had not been enough time for all the agenda items to be discussed and also include a visit from a program director, as had been routine in the past. All agreed to start the meetings a half hour earlier. Other topics included a Board retreat, using an intranet to give the Board greater access to information, an E-newsletter, and Board orientation and development.

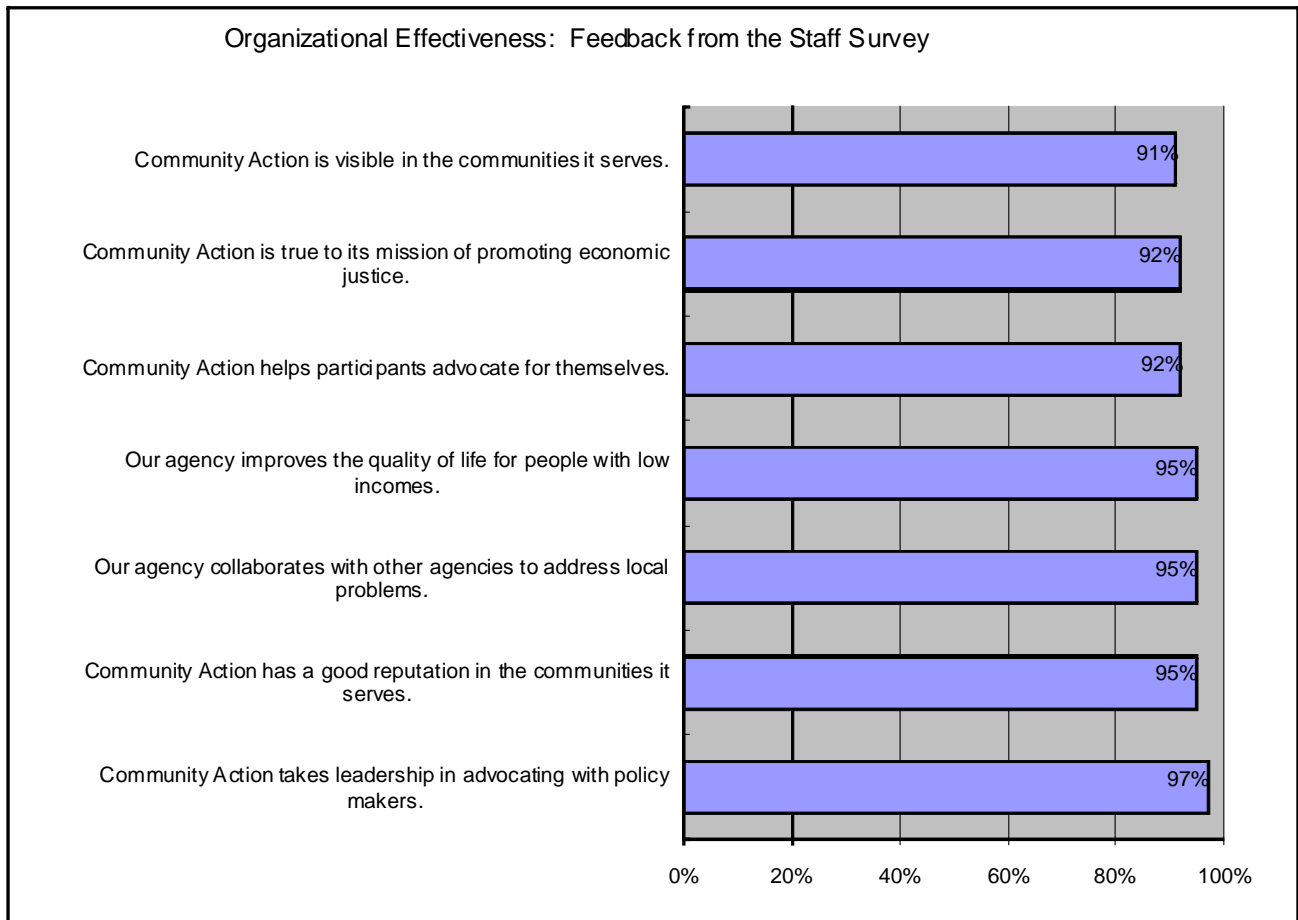
2. Staff Survey

Staff were asked about their perceptions of the agency based on its general visibility, reputation, collaboration, and mission focus. The online format provided six choices including “strongly agree,” “agree,” “disagree,” “strongly disagree,” “no opinion,” and “doesn’t apply to me.” The chart below provides the percentage of employees who “strongly agreed” or “agreed” with the statements out of the number who responded, excluding those who answered “no opinion” or “doesn’t apply to me.”

At least 95% of staff respondents felt that the agency improves the quality of life for people with lower incomes, is collaborative, and has a good reputation. 97% of respondents “strongly agreed” or “agreed” that the agency takes leadership in advocating with policy makers. The link between the success of the organization and the degree to which employees are motivated by it can be summarized by this employee quote: “I feel really proud to be a part of this agency even if my part is small. I am honored to know the people that do all of the wonderful things that happen because of this agency and its mission.”

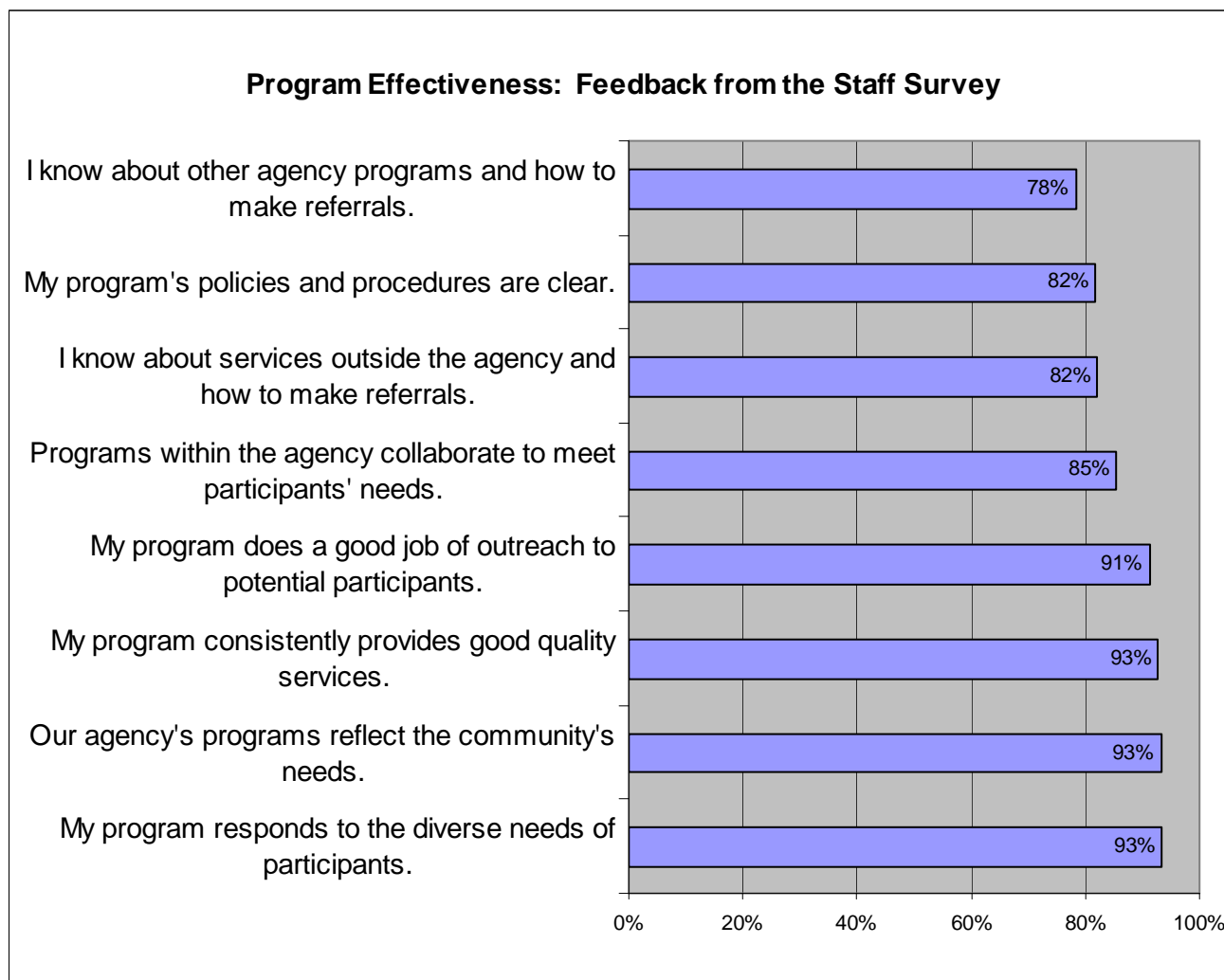
Ninety-one percent of the respondents strongly agreed or agreed with the statement that the agency is visible. Ninety-two percent said that Community Action is true to its mission and that the agency helps participants advocate for themselves. The opinions of the 8% or 9% who strongly disagreed or disagreed with these statements are very informative. Staff members offered a total of 47 comments, including 16 relating to the need to increase visibility such as better phone listings and more signs. Twelve comments reflected an interest in increasing the agency’s role in social activism and client advocacy. Advocacy had several different meanings for respondents. For some, it was a desire for Community Action to take a larger role educating the community and

its leaders (political, social, religious) about the challenges faced by individuals with lower incomes. For others, advocacy could take the form of Community Action's offering programs to help people improve their economic situations through education and employment. For others, advocacy meant creating an infrastructure to make it easier for participants to gain access to multiple services and be served holistically.



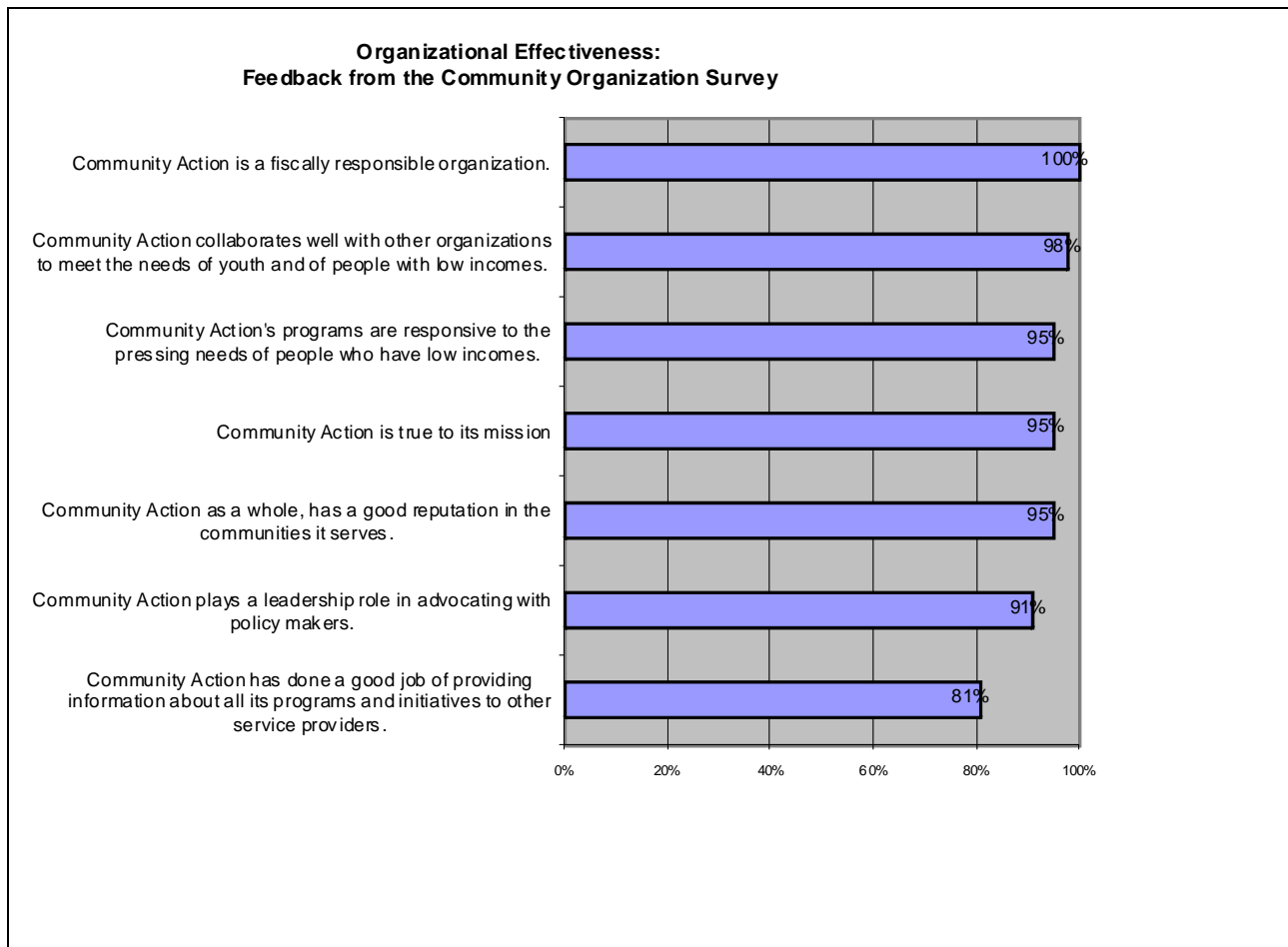
The survey also asked staff to evaluate the strength of program structures, including ease of making internal or external referrals, clarity of policies and procedures, strength of collaboration and outreach efforts, and programmatic fit with community needs. More than 90% of respondents thought their programs did a good job of outreach, and 93% said they provide good quality services and respond to the diverse needs of participants. Ninety-three percent also said that the agency's programs reflect the community's needs. The respondents were not as positive about internal collaboration (85%), external collaboration (82%), clarity of policies and procedures (82%), and ability to make referrals to other agency programs (78%).

Sixteen out of 47 staff offering comments proposed improving internal collaboration through staff education. Comments reflected an understanding of the non-profit sector in terms of how lack of funding restricts what the agency is able to do; none of the respondents expressed any expectation that funding would increase dramatically, and suggestions for improvement focused on smaller operational or organizational changes, including the need to write down policies and procedures (4 out of 47); increase the number of translated materials (2 out of 47); conduct community needs assessments to understand what people need (4 out of 47); and increase staff training (4 out of 47). As one respondent said: "I think we do a really good job given the resources at hand, but there is always room to improve."



3. Community Organization Survey

One value of using several different research tools and respondent pools in conducting our internal assessment was that trends became clear as a result of receiving similar feedback from different sources. The Community Organization Survey supported the results of the Staff Survey regarding the strength of the agency's leadership and infrastructure in realizing its mission. According to the survey, colleagues from other agencies think that Community Action has a good reputation (95%) and is highly collaborative (98%). Of the twenty comments, ten praised the efforts of the administrative leadership in getting people from various agencies working together on common projects and having representation on regional networks that other agencies lead. Seven comments praised the willingness of the agency to collaborate, specifically for its active listening and follow-through with commitments over time. Six comments expressed an appreciation for the agency's varied programming to meet the needs of people with lower incomes. Similar to the responses from the agency's staff, visibility was not rated as highly as other indicators of effectiveness, with 81% reporting that Community Action does "a good job of providing information about all its programs and initiatives to other service providers."



One of the most important findings gleaned from the Community Organization Survey is that 100% of the respondents strongly agreed or agreed with the statement that “Community Action is a fiscally responsible organization.” Collaboration is vital to the work we do, and developing and maintaining the trust of colleagues and professionals in the community through fiscal responsibility is paramount.

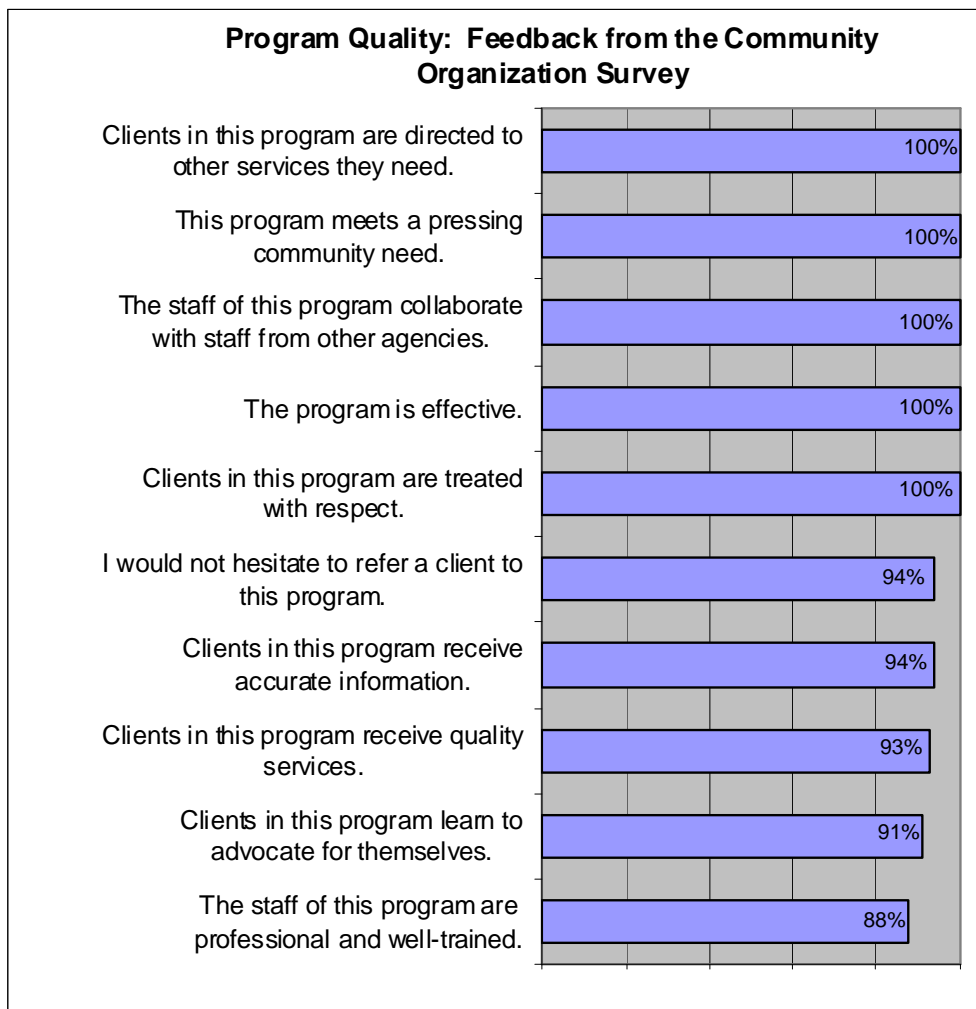
4. Focus Groups

As mentioned earlier, Community Action conducted eight different focus groups to research regional perspectives on several issues. For example, participants in the youth-focused Hampshire County group (SPIFFY) wanted a clearer understanding of Youth Programs’ role in Hampshire County as it expands the activities it provides. Participants in the Hampshire County focus group (COSA) also sought a better understanding of the agency’s role in Hampshire County, while recognizing the tremendous contribution made by one staff member dedicated to community projects in Hampshire County. Another Hampshire County focus group conducted in the Hilltowns focused more on services, asking Community Action to take on an advocacy role with the legislature and state offices to meet basic needs, such as Food Stamp access, and to help with fundraising and developing partnerships. A focus group conducted with the Franklin County Resource Network (FCRN) recognized the high degree of collaboration in the county and praised Community Action’s role in making it happen. The fact that so many different service providers work well together creates opportunities for advocacy, including services to move participants toward economic stability through workforce development and financial literacy.

B. Program Quality

I. Community Organization Survey

While the Staff Survey and the focus groups provided an understanding of the agency's overall functioning and programs, the Community Organization Surveys and Customer Satisfaction Surveys were crafted to examine how well specific programs serve participants, in the eyes of the participants themselves and in the eyes of other professionals. The chart below from the Community Organization Survey reflects how other professionals feel about the quality of the Community Action program with which they are most familiar. Respondents felt positively about the services, strongly agreeing or agreeing that participants in this program are directed to other services they need (100%) and that the program is effective (100%). Respondents said that they would not hesitate to refer someone to the program (94%). Eighty-eight percent strongly agreed or agreed that the staff are professional and well-trained. Since the number of people who responded to the questions about specific programs was small, it is difficult to make generalizations about each program. However, on the whole, the positive impressions are extremely significant since the respondents are professionals with extensive experience working in human services.



"I have always admired Community Action as the voice and champion of the poor of the community, who would otherwise be invisible to the rest of the general public. Please keep up the good work."

A respondent to the Community Organization Survey

A. Customer Satisfaction Surveys

Customer Satisfaction Surveys provide information about the quality of specific programs from the point of view of participants. They were designed, approved by program directors and coordinators, disseminated, and analyzed for Head Start/Early Head Start, The Family Learning Center, the Center for Self-Reliance Food Pantries, Healthy Connections, First Call for Help, and Fuel Assistance. Surveys were constructed using the principle that while each program is unique, certain core values, such as treating consumers with respect, are common to all programs. The results of the analysis indicate that participants of all programs surveyed appreciate not just what Community Action does, but how it does it. While positive feedback is helpful and motivating, the programs are committed to using this process to identify areas in need of improvement. Only the results of the analysis of Head Start/Early Head Start, the Center for Self-Reliance, and Fuel Assistance are included in this document; participants had not yet returned an adequate number of surveys for the other three programs to enable meaningful conclusions.

From respondents to the
Parent-Child Development
Center Customer
Satisfaction Survey:

“PCDC has helped my child understand things in a new way. It has satisfied her thirst for learning new things.”

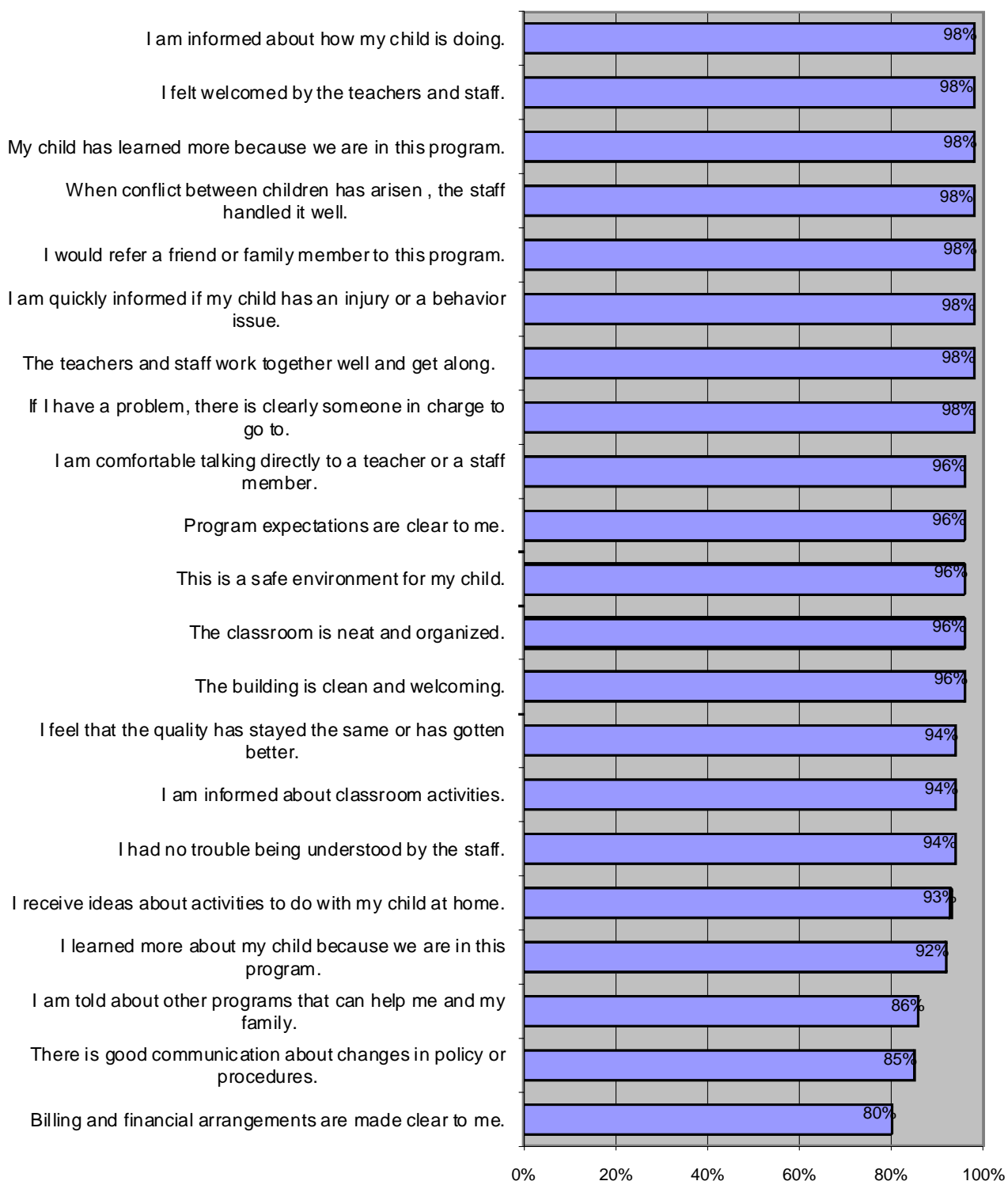
“This program has helped my son grow physically, emotionally, and socially. He has grown leaps and bounds under their care!”

“PCDC has given us support and provided a safe and caring place for my child. It has taught my child how to deal with his strong feelings and provided an outlet for him to talk with his teachers and peers.”

a. Parent-Child Development Center

Because so many respondents to the Adult Survey expressed dissatisfaction with the quality of their child care, conducting a customer service survey for our Parent-Child Development Center early education classrooms was of highest priority. A total of 49 surveys were collected from 10 classrooms at 7 different sites. Ten of the 21 questions related to educational and classroom experiences, while 11 related to infrastructure and administrative issues. The results were overwhelmingly positive regarding the level of care and the educational value of the classrooms. For example, 98% felt that their children had learned more from being in the program, and 98% would recommend a friend or family member to this program. Ninety-six percent felt that the environment was safe, and 94% felt informed about program activities. Satisfaction levels fell below 90% in only three areas. Eighty-six percent said that they received information about other programs that can help them. Eighty-five percent strongly agreed or agreed that there was good communication regarding changes in policies and procedures, while 80% felt that billing and financial arrangements were clear. The results of the surveys pointed to three areas that warrant further exploration: clarity about billing and financial arrangements, communication about changes in policies and procedures, and the availability or sharing of information about other programs that would be beneficial for participants. Please refer to the chart on the next page.

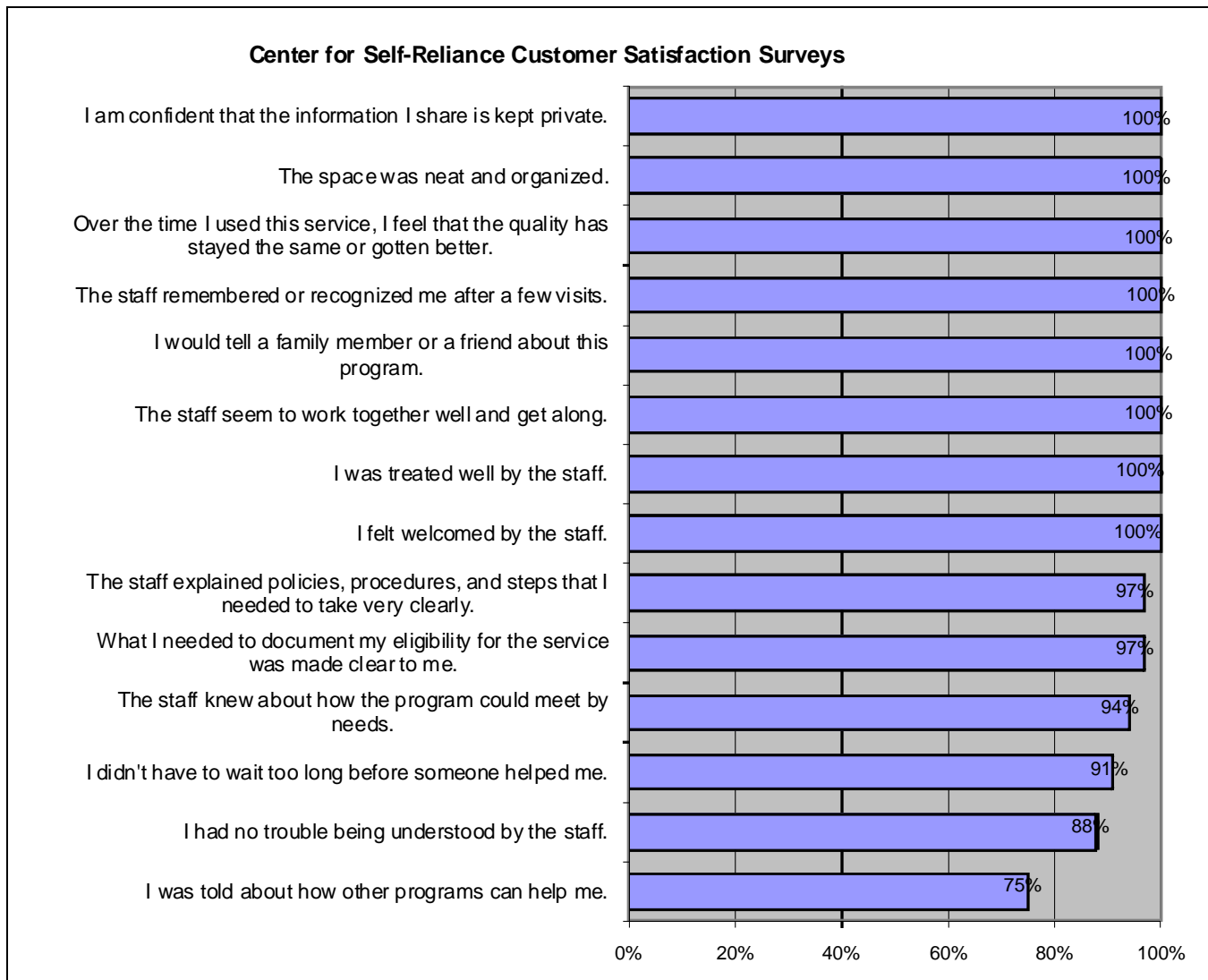
Parent-Child Development Center Customer Satisfaction Surveys



b. Center for Self-Reliance

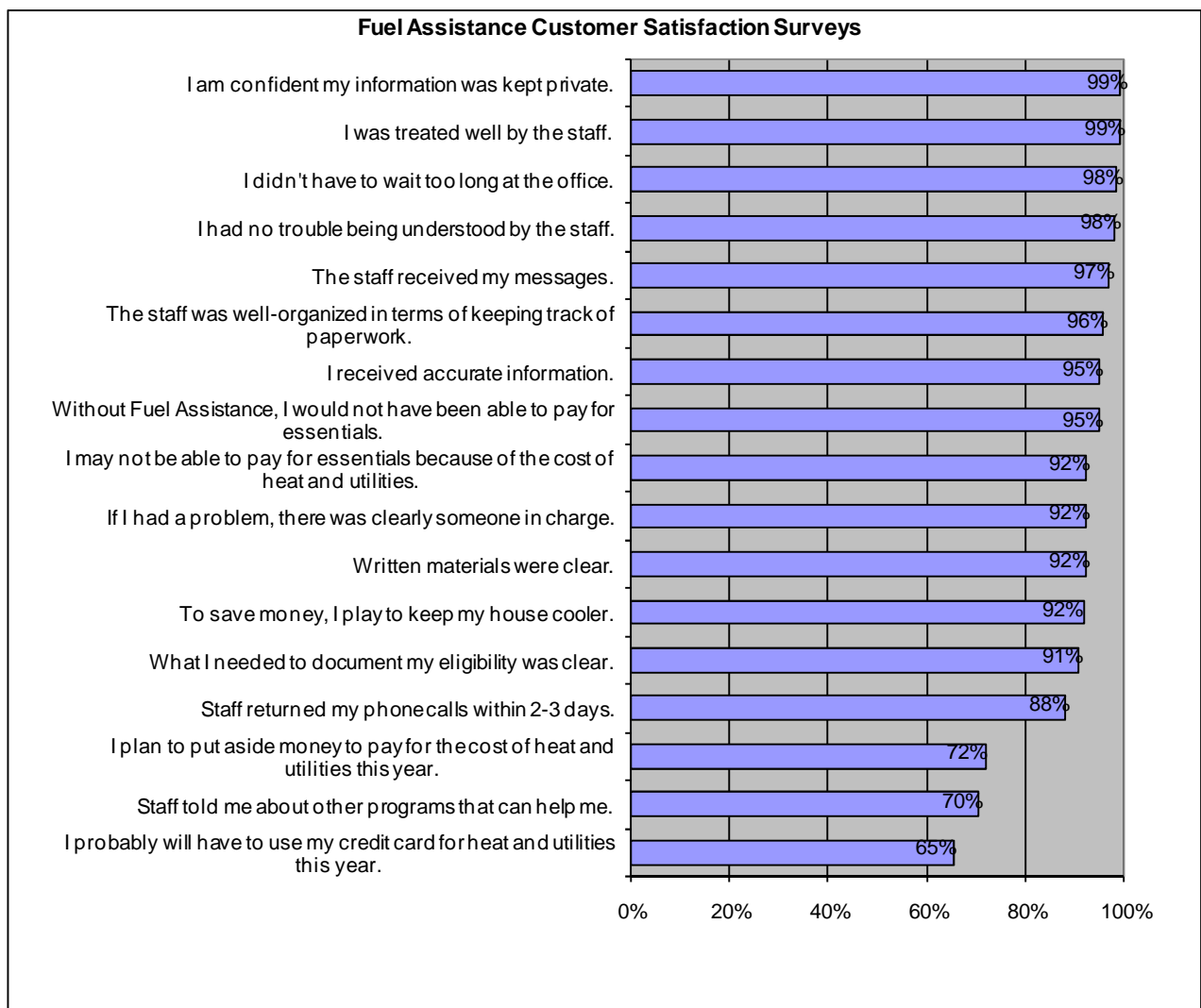
The Center for Self-Reliance Food Pantry developed a customer satisfaction survey to measure participant perception of services and to evaluate food pantry access, including hours of operation and transportation. These issues are very important because hours of operation were reduced in 2008, and staff expressed concerns that rising gas prices would further discourage participation. According to the analysis of 37 responses, transportation did indeed emerge as a barrier to access for many participants and potential participants. Fifty-eight percent of respondents stated they strongly agreed or agreed with the statement that “Sometimes I have transportation problems, and I have difficulty getting to the food pantry.” We also asked “How did you get here today?” Forty-five arrived at the food pantry by getting a ride with another person, and 35% drove their own cars, while others walked, rode a bike, or took the bus.

The number of people who experience food insecurity and are unable to get to the pantry is of great concern. Eighty-one percent strongly agreed or agreed with the statement: “I know of people who would benefit from the food pantry, but transportation is a problem.” Although CSR has not seen a reduction in the number of participants, this information underscores the struggle that many lower-income residents of rural areas will continue to have as prices increase.



c. Fuel Assistance

In FY2008, Community Action served 14,525 individuals through Fuel Assistance, almost half of the total number served by the agency. In addition to its numerical importance, Fuel Assistance has been the center of public policy debates because of the steep increase in energy prices during the summer and fall of 2008. Indeed, of 182 Fuel Assistance clients who responded to the customer satisfaction survey, 92% feared that they would not be able to pay for essentials such as food, rent, or child care because of the increasing cost of heat and utilities. Further, Fuel Assistance clients experience anxiety because it is often unknown how much money will be allocated to the program and what they can expect to receive for aid. These management challenges are compounded by the fact that many aspects of Fuel Assistance—such as income limits and verification requirements—are set nationally and cannot be modified by Community Action. Despite these circumstances, the results of the customer satisfaction survey showed that the program is clearly valued by clients. Over 90% of respondents gave positive ratings to staff, accuracy of information, organization, and communication. Eighty-eight percent strongly agreed or agreed that staff returned their calls in 2 to 3 days. Individual comments were extremely positive about the program itself, while expressing some concerns about aspects of the program not within Community Action's control, such as the amount of aid given.



C. Quality of Worklife

Community Action has long recognized the importance of retaining competent and caring staff and has whenever possible preserved a working environment that is both highly professional and personally supportive. For this reason, we were extremely pleased with the finding that 98% of staff strongly agreed or agreed with the statement "I like my job."

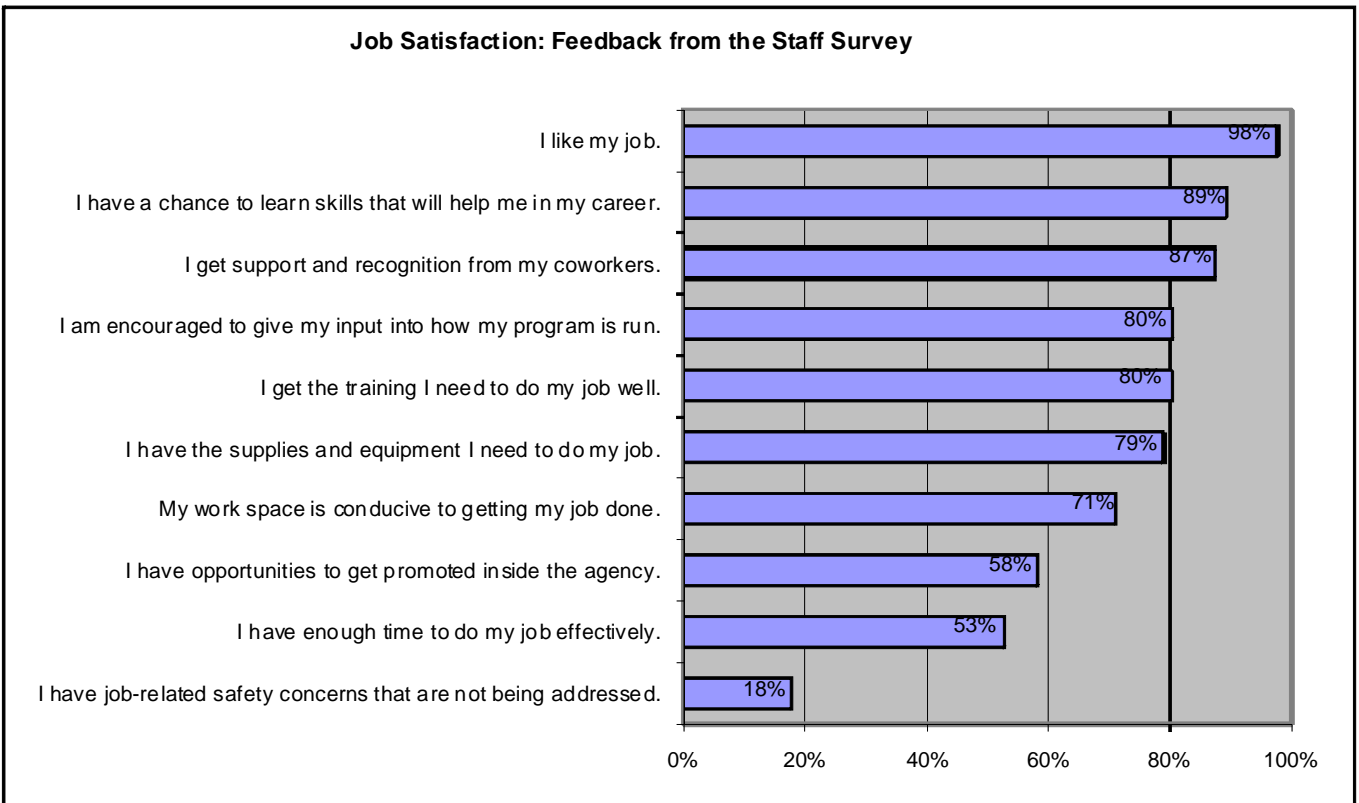
In addition, we try to provide opportunities for learning new skills that will help employees develop their careers, either within the agency or elsewhere. Eighty-nine percent said they have this opportunity to learn new skills, and 58% said they thought they would be able to use them to advance within the agency.

It is very important to the leadership of the agency to live up to the values of respect and good communication that underlie its mission, and the results of the survey confirm that we do. For example, respondents strongly agreed or agreed that the management communicates well about changes in personnel policies (93%), changes in benefits (99%), agency events (97%), and internal job postings (99%).

The Strategic Planning Committee wanted to understand the workplace conditions that some employees identified as challenging. For example, only 53% strongly agreed or agreed that they have enough time to do their jobs effectively. When these results were broken down by position in the agency, it became clear that this sentiment was shared by many employees across various levels in the agency: 57% of directors, 54% of supervisors, 47% of direct care staff, 45% of coordinators, and 45% of support staff said they do not have enough time to do their jobs as effectively as they would like. The experience of "time crunch" was lowest among clerical staff, with 28% saying they did not have enough time. An analysis of the comments suggested that classroom teachers were particularly frustrated by having to juggle teaching and administrative tasks. Although the level of job satisfaction is high, these findings suggest that the agency must continue to monitor the overall work environment to prevent employees from feeling overworked.

In a related question, 71% of the respondents said that their workspace is conducive to getting their job done. Ten comments alluded to the challenge of protecting participants' privacy when confidential space is not available. Levels of stress can build in a workplace when there are not adequate time, space, and tools. Many of these workplace issues are highly related and will be understood and acted upon as such when managers make decisions about the appropriate use of limited resources.

Sixty-nine percent of staff were very satisfied or satisfied with their salaries, which is at the same time both surprisingly high – given the fact that we are a social service organization -- and sadly low in comparison with what we would like to be able to pay our dedicated staff. Comments made by other professionals in the Community Organization Survey reflected a concern about the agency's salary scale and indicated that salary improvement would be one way to improve our programs. The agency has made every effort to raise salaries, and also to balance relatively low salaries by providing a family-friendly, supportive work environment with good benefits. Over 90% of respondents said that they were very satisfied or satisfied with the dental insurance, and 93% with their health insurance. Other measures of quality of worklife in the chart below indicate that the agency is providing a good working environment with limited resources.

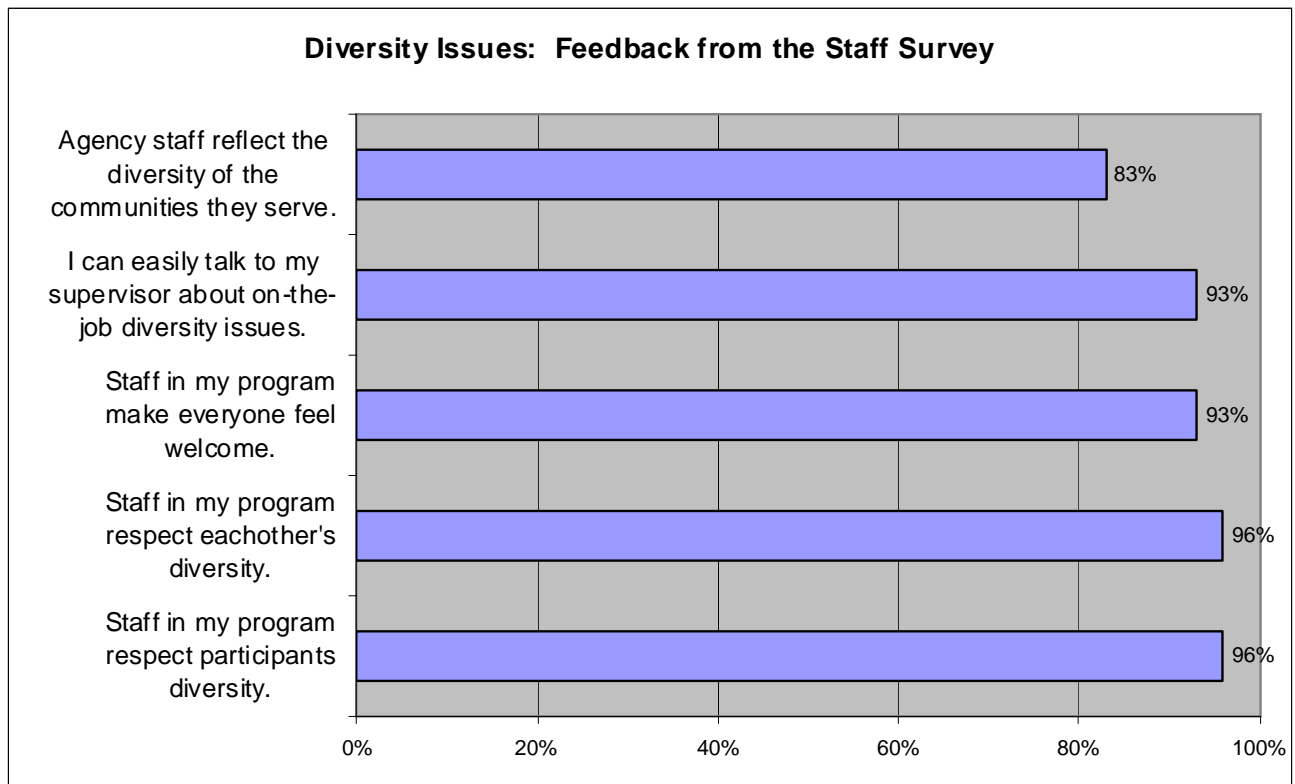


D. Diversity

In the Staff Survey, diversity was defined as including class, sex, age, race, ethnicity, disability, sexual orientation, gender identity, gender expression, and religious beliefs and practices. Increasing staff awareness of diversity issues was a major goal of our 2005 strategic plan, and each employee now develops a diversity-related goal at each performance evaluation. Based on the results of this year's Staff Survey, we believe that various agency initiatives have had a positive effect on creating and maintaining a respectful working environment for everyone. Ninety-six percent of respondents said that staff respect participants' diversity, and 96% stated that staff respect one another's diversity. While encouraging, the analysis does indicate that recruiting and hiring staff that reflect the diversity of the populations we serve remains a challenge – one shared by our sister agencies; 17% of respondents said that the staff does not reflect the diversity of the community we serve.

Among the 23 comments regarding the agency's support of diversity, one stood out because it explained the wide variation in responses we received: "Depending on who you are, the answers are different." Four respondents felt too much emphasis has been put on diversity, while four others felt that this emphasis has improved how staff interact with each other and with participants. Five other comments pointed to specific ways to increase diversity in the work culture, including a more diverse administrative staff, more sensitivity to Spanish-speaking staff, and having more male staff.

Although the Customer Satisfaction Surveys did not ask specifically about diversity issues, there were many questions about the general attitude of the staff and how participants were welcomed and treated. An analysis of the data (98% from the Center for Self-Reliance, 98% from Parent-Child Development Center, 99% from Fuel Assistance) suggests that staff treat participants in a professional manner. Pooled results available from Healthy Connections, First Call for Help, and the Family Learning Center support this finding, as well.



In summary, Community Action is perceived by all of the groups surveyed as highly adept at providing services that are vital to the well-being, even the very survival, of lower-income residents of our service area. For staff, the agency's ability to fulfill its mission motivates them to do the work they do, and other organizations look to the agency as a leader that can convene multiple stakeholders and address problems from more than one angle. While buoyed by these results, the Strategic Planning Committee remained interested in using the data to find opportunities for growth and learning. The internal assessment, as it evolved, is both a celebration of how much the agency has accomplished, and a critical self-evaluation.

VI. SERVICE DELIVERY SYSTEM

Community Action delivers services through nine departments which function semi-autonomously. All employees operate under the same personnel policies, payroll, e-mail system, and fiscal policies, and all programs have access to administrative support and oversight in information technology, benefits, human resource management, development, planning, special projects, accounting, and supervision. These departments and their programs are listed in the sidebar.

Community Action has 39 sites throughout Franklin County, Hampshire County, and the North Quabbin region. These are clustered primarily in the largest towns, Greenfield, Orange, Athol, Turners Falls, Amherst, Northampton, and Ware. Community Action also does home-based work through the Family Learning Center, Head Start, Early Head Start, the Parent-Child Home Program, and Healthy Families.

The fact that each Community Action department has a great deal of autonomy creates both benefits and pitfalls. On the plus side, this independence fosters creativity as well as management decisions being made by people who are close to the direct service level. On the down side, it can lead to employees' identifying more with their department or program than with the agency. The agency has had to centralize fundraising activities in order to prevent Community Action's various departments from unknowingly submitting competing grant applications, as well as to foster collaborative applications among programs with similar constituencies and goals.

We have made great progress both internally and externally in improving staff members' self-identification as employees of Community Action, not only with their program, and in increasing the public's identification of Community Action with its component programs and our larger role in the community. Agency-wide staff events and trainings, a well-attended Annual Meeting, coverage in the media, and an internal staff newsletter have all contributed to improving these factors significantly. Conducting community-wide efforts like Communities That Care, the Economic Inequality and Social Justice Conference, the Hunger Summit in Hampshire County, and the Franklin County Resource Network have established our reputation as a convener and leader of large-scale initiatives.

Community Action places a high value on ensuring that people with lower incomes provide the leadership in the decisions that affect their lives. Within Community Action there is a strong ethic of participant involvement in decision-making, both informal and formal. Of course, staff must follow rules set by funders, but within these parameters, in many of our programs, individual participants have input about how Community Action staff will work with them. We will continue to put a high priority on this.

Community Action staff also encourage participants to speak up in venues outside Community Action. For instance, Youth Programs participants are routinely trained as Peer Leaders to provide conflict resolution and anti-violence education

Community Action Departments and Programs

Parent-Child Development Center

Head Start
Early Head Start
Family Child Care
Center-based Care

Energy Assistance

Fuel Assistance
Weatherization
Heating System Assistance
Electric Efficiency

The Mediation & Training Collaborative

Community Crisis Response Team
Mediation
Mediation Training
School Mediation

Family Support Programs

Family Learning Center
Franklin Cty. Family Network
Healthy Connections
Healthy Families
Parent-Child Home Program
Women In Action

Community Services

Center for Self-Reliance Food
Pantries
First Call for Help
Housing Services

Women, Infants, and Children

Nutrition Education
Supplemental Food
Breastfeeding Education

Child Care Outlook

Parent Education
Subsidy Management
Provider Training

Youth Programs

Youth Development
Peer Leadership
Community Service Learning
After School Programs

Special Projects

Advocacy
CommonCents
Communities That Care Coalition
Economic Inequality Conference
Franklin Cty. Resource Network
Free Tax Assistance Program

Administration

Buildings and Grounds
Development and Planning
Fiscal
Human Resources
Information and Technology
Reception

and to speak out in community forums. Whenever possible, Community Action staff provide help with transportation to get to events or help with writing or speaking, if needed.

Community Action's leadership also places a high value on outreach and advocacy and on working at all levels – from individual to community to societal – to improve the quality of life of people with low incomes. If we have not reached our full capacity in terms of advocacy for our lower-income constituents, it is because of funding and regulatory restrictions and not a lack of will. We value accepting funding in good faith and being there to help people meet their basic needs. Sometimes these circumstances reduce our ability to actively pursue more advocacy-oriented goals.

VII. THREE-YEAR PLAN and SELF-EVALUATION OF PROGRESS

A. Community Action's Strategic Direction

When the Board, staff, and Strategic Planning Committee reviewed the primary and secondary data we were gathering, certain issues consistently “rose to the top” and pointed us toward our strategic priorities for the next few years. Based on what we learned both about our service area and the people we are here to serve, as well as about how well our agency functions, we generated the issue statements and questions below to help frame our goal-setting process.

BASIC NEEDS

At every turn, the survey data and secondary data revealed a ubiquitous inability of our low-income constituents to pay for basic goods and services, and the focus of staff and collegial concern for the future was how people would get by, let alone thrive.

In the “gathering storm” of inflation and recession, what role will the agency play in assuring that our constituents’ basic needs are met? Should we:

- Raise more money and donations for emergency services and cash assistance?
- Mobilize more members of our community to help?
- Facilitate community-based strategies to reduce families’ costs and increase financial skills?
- Advocate for changes in economic development and tax policy?
- Do all of the above?

TRAUMA

Many participants in our programs have experienced trauma. We need to ensure that we maximize participants’ comfort and trust and minimize re-triggering trauma reactions. We must also recognize the impact of vicarious trauma and “compassion fatigue” on some employees and provide them with adequate support as a means of maintaining good customer service as well as a good quality of work-life for our staff.

- How can we assure that we do not re-traumatize participants and staff in the course of providing services?
- How can we best help them cope and heal?

ADVOCACY and LEADERSHIP DEVELOPMENT among PEOPLE WITH LOWER INCOMES

Our needs assessment pointed out many areas in which problems were bigger than our capacity to address them. The need for advocacy at many levels reverberated throughout the data. It was also clear that our community looks to us for seeing the bigger picture, for educating and mobilizing for change. Ninety-seven percent of the staff and 91% of our colleagues saw us as leaders in advocacy. We were gratified, and we want to continue to deserve that reputation.

From the organization survey:

“How do we work as a community so that no one is left behind?”

“Without dealing at the cause, Community Action will always be doing band-aid work.”

From the staff survey:

“If the economy continues its decline, stresses on people with low income will continue to rise. I think continuing to assist people with low income to advocate for themselves and assume leadership roles within the community is key.”

“We should advocate for equality and not just provide band-aids – we need to help with the solutions.”

Among respondents to our adult survey, we also found widespread willingness to get involved to make things better in our community. This tremendous strength is something we can build upon and need to consider in choosing our strategic direction.

- How can we increase our capacity for carrying out advocacy of all types? (legislative, community education, voter registration information, etc.)
- What are the best ways to assure that people with lower incomes direct and are included in these efforts?

In addition to identifying these external issues, we took the feedback offered by our staff, colleagues, and participants and focused our attention on internal changes that will improve the quality of what we offer to our constituents and will also underwrite our capacity for advocacy in larger circles. We also made a commitment to do more to “green” our agency.

INTERNAL COLLABORATION

Seventy-eight percent of staff said they knew how to make referrals within the agency, and 85% stated that programs within the agency collaborate to meet participants’ needs. We saw these results as being very good given how large the agency is and how many new staff we bring in each year. However, we continue to identify breaking down “silos” of separate programs and treating people holistically as strategic priorities.

Improved internal collaboration would benefit program participants.

- How can we make it even easier to access other services within the agency from any point of entry?

MARKETING/ VISIBILITY

We received feedback that collaboration with other agencies is a strength of Community Action, and we will continue in this spirit. Many comments from staff and colleagues pointed to the need for us to improve signage and publicity, engage other sectors of the community in our work in creative ways, and increase community education and publicity about economic justice and our services. We are very aware that greater visibility will also help with fund development.

- How can we improve ease of access for participants and collaborators?
- How can we market our programs better so that people have more accurate information about eligibility? Do we have the capacity to serve more people?
- How can we use social norms marketing to decrease the stigma on getting help?
- How can we improve our “brand” as a development tool?

GREENING THE AGENCY

“Greening” the agency is a way for us to be responsible inhabitants of an ailing planet and to save money by reducing energy costs. Saving money is not the sole motivation for changing our practices and should not be the only guiding force for our efforts.

- What do we as an agency need to do to reduce our negative impact on the environment?
- How can we reduce our carbon footprint and encourage others to do so?

We came to the end of this intensive planning process with a commitment to stand by our lower-income constituents during the tough time ahead by helping with basic needs as best we can in the short-term. At the same time, we acknowledged that the small amount of help we can offer will not address the root cause of the human distress we see every day; the political and economic systems that create and maintain poverty cannot be overridden with food pantries or easier Food Stamp applications or a Fuel Assistance check that pays for one tank of oil. That requires a different level of intervention.

We heard a clear call for us to lead our community in advocacy on many levels. As one focus group member put it, "Community Action should expand its advocacy role and mobilize people to give testimony that legislators need to hear, that cuts across broad issues. There is the potential in Massachusetts to change the rules of society to support low-income people, but we need a push to make it happen. We need to address the structural causes of poverty. We need to engage the public in advocacy."

B. Three Year Goals and Strategies and Related National Indicators of Community Action Performance

In response to the needs and issues identified earlier, Community Action has set the following new goals for the next three years of its development. Related CSBG National Goals/Outcome Indicators are listed to the right. These goals are primarily related to improving agency capacity to carry out our work. Along with each goal, we provide guidance offered by contributors to our planning process as well as initial organizing steps and identified leaders. Further objectives and activities will be developed as we progress toward our goals.

1) Community Action will be a leader in community education and advocacy around economic and social justice.

- **Values and approach**
 - ▶ It is essential that program participants, members of the community-at-large, collaborating agencies, and staff all take part in determining issues and strategies for community education and advocacy.
 - ▶ Community education and advocacy should be carried out with an understanding and articulation of the root causes of poverty. While we may choose specific issues for advocacy (e.g. availability of affordable, quality child care), we need to connect these specific issues to the larger picture.
- **Guidance/Objectives for implementation**
 - ▶ Provide opportunities for advocacy skills training for all staff.
 - ▶ Engage other agencies, members of the private sector, the faith community, and the community-at-large, etc. in our community education and advocacy efforts

National Community Action Goal 5:

Agencies Increase Their Capacity to Achieve Results

National Community Action Goal 4:

Partnerships Among Supporters and Providers of Service to Low-Income People are Achieved

National Indicator 4.1 – Expanding Opportunities through Community-Wide Partnerships

**National Community
Action Goal 3:**

**Low-Income People
Own a Stake in Their
Community**

National Indicator 3.2 –
Community
Empowerment through
Maximum Feasible
Participation

**National Community
Action Goal 5**

**Agencies Increase
Their Capacity to
Achieve Results**

- ▶ Actively include staff and participants in planning and implementing education and advocacy projects.
- ▶ Initially at least, convene an agency-wide advocacy committee within the Special Projects Department. This committee would ideally have representation from each program/department.
- ▶ Ensure that community education and advocacy issues are included regularly within Department Directors' meetings.

2) **Community Action will encourage and develop community leadership in advocacy and program planning.**

▪ **Values and Approach**

- ▶ As our mission statement says, "We believe that we can accomplish [our] mission only when our activities are directed by and inclusive of people with low incomes."
- ▶ This goal is closely tied to the first goal above. Participants and other people with lower income are the experts in their own lives and should take the lead in advocacy and community education efforts on their behalf.
- ▶ We need to enable a stronger participant voice in our work.
- ▶ We need to be available to support community-based projects that address poverty and youth issues.
- ▶ We need to increase the agency's capacity to carry out community organizing and for initiating community-based projects based on articulated needs of our lower-income constituents.

▪ **Guidance/Objectives for Implementation**

- ▶ Become a resource for local community organizing efforts. Provide money, training, and consultation when available.
- ▶ Connect or draw from experience of programs where participant leadership is already strong, e.g. PCDC Policy Council.

3) **Community Action will increase its capacity to meet people's basic needs.**

▪ **Values and Approach**

- ▶ We need to work on many different fronts, not only to alleviate immediate crisis, but also to address underlying reasons for that crisis:
 - Providing cash and other emergency assistance.
 - Offering life skills education, including cooking classes, budgeting, nutrition.

- Training as many staff as possible and appropriate to be life skills “coaches.”
 - Supporting community-based efforts to reduce household costs (e.g. cooperatives, bartering, community gardens).
 - Conducting advocacy aimed at increasing benefits and at economic development for jobs creation.
- **Guidance/Objectives for Implementation**
 - ▶ We have already convened a committee to raise money for emergency cash assistance for heat and utilities costs for 2008-2009 winter.
 - ▶ Create an inventory of what works well and what doesn’t in the field of life skills training throughout the community. Work collaboratively with other agencies.
- 4) Community Action will operate with a trauma-informed perspective at all levels.
- **Values and Approach**
 - ▶ As part of our customer service commitment, we must ensure that we maximize participants’ comfort and trust and minimize re-triggering trauma reactions.
 - ▶ As part of our commitment to our staff, we must recognize the impact of vicarious trauma and “compassion fatigue” on some employees and provide them with adequate support.
 - **Guidance/Objectives for Implementation**
 - ▶ Convene a trauma education committee.
 - ▶ Review all pertinent agency policies and ensure that they are revised to incorporate a trauma-informed perspective as much as possible.
 - ▶ Provide opportunities for ongoing training for all staff, including training for supervisors about how to identify vicarious trauma and “compassion fatigue” and how to support affected employees.
 - ▶ Identify trauma-informed experts on staff who can serve as consultants to other staff.
- 5) Community Action will increase its capacity for internal collaboration and assure access to all agency services from any agency program.
- **Values and Approach**
 - ▶ Within the agency, we have many of the resources that participants need to improve their quality of life and that staff need to do their jobs in the best possible manner. It is incumbent upon us to use our internal

**National Community
Action Goal 6**

**Low-Income People,
Especially Vulnerable
Populations, Achieve
Their Potential by
Strengthening
Family and Other
Supportive Systems**

National Performance
Indicator 6.2 – Emergency
Assistance

**National Community
Action Goal 5**

**Agencies Increase
Their Capacity to
Achieve Results**

**National Community
Action Goal 5**

**Agencies Increase
Their Capacity to
Achieve Results**

resources to assure the highest quality of service and the most effective, cost-efficient use of agency resources.

▪ **Guidance/Objectives for Implementation**

- ▶ Review/improve visual identity with Community Action at all sites.
- ▶ Encourage managers to think even more about joint program development or fundraising/grantwriting possibilities and know whom to invite to the table.
- ▶ Keep both internal and external website updated regularly.
- ▶ Train at least one person in each program how to update program pages on website.
- ▶ Orient all staff to website.
- ▶ Ensure that all staff have access to agency brochure to give to participants.
- ▶ Investigate using Fuel Assistance post-intake questionnaire that asks about other services needed as a template for use in other settings in the agency.
- ▶ When educating staff, use many media.

**National Community
Action Goal 5**

**Agencies Increase
Their Capacity to
Achieve Results**

6) **Community Action will increase its capacity to market the agency.**

▪ **Values and Approach**

- ▶ Marketing is a tool to increase participant access, to decrease the stigma of seeking help, and to assist in raising funds. It does not shape need (as commercial advertising seeks to do). Rather, it is one strategy for responding to need and making it more visible to the community-at-large.

▪ **Guidance/Objectives for Implementation**

- ▶ Create/improve signs at all sites.
- ▶ Publish e-newsletter to staff, legislators, etc. etc.
- ▶ Convene *ad hoc* committee, including at least one Board member, to develop a marketing plan.
- ▶ Increase number of press releases.

**National Community
Action Goal 5**

**Agencies Increase
Their Capacity to
Achieve Results**

7) **Community Action will increase its capacity to conserve energy and minimize its impact on the environment.**

▪ **Values and Approach**

- ▶ “Greening” the agency is a way for us to act responsibly and to save money by reducing energy costs. Saving money should not be the sole guiding force for our efforts.

- ▶ Since each site is so different, leadership should be site-based. However, we also need to develop a centralized coordinating capacity for dealing with agency-wide issues.
- ▶ We cannot become completely “green” within three years, but we can make a lot of progress.
- ▶ Within the limits of respect for others’ self-determination, we should provide leadership and encouragement to participants, colleagues, and the community-at-large to adopt “green” practices.
- **Guidance/Objectives for Implementation**
 - ▶ The effort to “green” the agency will require staff education and a review of policies/practices, as well as building audits and gathering information about local resources.
 - ▶ Engage each site in determining its own leadership and practices to conserve energy and reduce environmental impact.
 - ▶ When economically feasible, conduct building audits and develop plans for improvements to buildings to reduce energy use.
 - ▶ Provide opportunities for all staff to learn about environmental impact issues and options for improving the agency’s track record in this regard.
 - ▶ Convene a group of interested people to coordinate efforts that are agency-wide or would be more cost-efficient if not done site-by-site.

In addition to increasing agency capacity as outlined above, Community Action will continue to provide advocacy and high quality services through its many programs. Each CSBG National Goal and Performance Indicator is listed below with the programs that provide services relevant to the goal and Performance Indicator.

National Community Action Goal 1: Low-Income People Become More Self-Sufficient
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National Performance Indicator 1.2 – Employment Supports

- Center for New Americans (sub-contract)
- Casa Latina (sub-contract)
- Family Learning Center
- Parent-Child Development Center
- Child Care Outlook

National Performance Indicator 1.3 – Economic Asset Enhancement and Utilization

- CommonCents Individual Development Account (IDA) Program
- VITA Free Tax Assistance Program
- Energy Assistance Programs – LIHEAP (Low Income Heat and Energy Assistance Program)

National Community Action Goal 2: The Conditions in Which Low-Income People Live are Improved

National Performance Indicator 2.1 – Community Improvement and Revitalization

- Energy Assistance Programs – Energy Conservation
- Parent-Child Development Center
- Child Care Outlook
- Family Learning Center

National Community Action Goal 3: Low-income People own a Stake in Their Community

National Performance Indicator 3.1 – Civic Involvement

- Center for Self-Reliance
- Parent-Child Development Center
- Family Network
- The Mediation & Training Collaborative
- Community Crisis Response Team

National Performance Indicator 3.2 – Community Empowerment through Maximum Feasible Participation

- Parent-Child Development Center
- Family Network
- Healthy Families
- Family Learning Center
- CommonCents

National Community Action Goal 4: Partnerships Among Supporters and Providers of Services to Low-Income People are Achieved

National Performance Indicator 4.1 – Expanding Opportunities through Community-Wide Partnerships

- All of Community Action's programs operate in partnership with other supporters and providers of services to people with low incomes.

National Community Action Goal 6: Low-income People, Especially Vulnerable Populations, Achieve Their Potential by Strengthening Family and Other Supportive Systems

National Performance Indicator 6.1 – Independent Living for senior citizens and individuals with disabilities

- Center for Self-Reliance Food Pantries
- Energy Assistance Programs

National Performance Indicator 6.2 – Emergency Assistance

- Center for Self-Reliance Food Pantries
- Energy Assistance Programs
- Community Crisis Response Team
- Healthy Families
- Parent-Child Development Center
- Healthy Connections
- Women in Action
- First Call for Help
- Casa Latina (sub-contract)

National Performance Indicator 6.3 – Child and Family Development

- Women, Infants, and Children
- Parent-Child Development Center
- The Mediation & Training Collaborative
- Youth Programs
- Family Learning Center
- Healthy Families

C. Self-Evaluation of Progress in Meeting Goals

Each group that is convened to work on a strategic goal will choose one representative to a coordinating group that will meet regularly to do updates, connect on overlapping efforts, fill gaps, and decide on next steps. It's important to have direct service staff in this group whenever possible. Board members will be invited to meetings of the coordinating group.

The Board will receive an aggregated progress report and give its input at least twice a year – timed to dates of DHCD workplan reports.

We will hold a staff planning event once a year.

Staff will hear from the coordinating group and/or workgroups regularly in order to maintain staff interest and ownership.

There are many ways staff can tie into implementation of the strategic plan. It would be a good idea to do a skills and interest inventory of the staff to find out who could be called on for what kind of help. We could give staff release time for working on strategic goals.

The Director of Development and Planning will be responsible for facilitating this coordination and planning process.

VIII. LINKAGES

Community Action places a high value on working within strong community-wide partnerships and on fostering true collaboration, as well as on engaging many voices in promoting human rights and economic justice. We cannot do this work alone. Being rural and small in size fosters interdependence. However, we are not one homogeneous community. The residents of the western part of Franklin County, for instance, have very different needs and a very different identity from the North Quabbin region. Not all of our services are available to the Worcester County towns in North Quabbin. This creates some unfortunate fragmentation. We have made huge strides in becoming known in Hampshire County, and we need to continue doing so.

Through our collaborations with numerous local service providers, governance organizations, and health and education institutions, Community Action works to identify and fill gaps in services. In addition to collaborating with over 600 local service providers (please refer to sidebar), Community Action staff are part of many advocacy and membership groups, including:

National

- ▶ Association for Conflict Resolution
- ▶ Association of Fundraising Professionals
- ▶ Heartstrong, Inc., Board of Directors
- ▶ National Association For Community Mediation
- ▶ National Association for the Education of Young Children
- ▶ National Association of Child Care Resource & Referral Agencies
- ▶ National Community Action Foundation
- ▶ National Community Action Partnership
- ▶ Society for Human Resource Management

State or Regional

- Help Increase the Peace Project Steering Committee (Western Massachusetts)
- Human Resource Management Association of Western New England
- Human Service Forum (Pioneer Valley)
- Massachusetts Council on Family Mediation
- Massachusetts Network of Child Care Resource & Referral Agencies
- Massachusetts Rural Domestic and Sexual Violence Project Advisory Committee
- MASSCAP (Massachusetts Association for Community Action)
- New England Transgender Pride – Steering Committee
- New England Association for Conflict Resolution
- ONE Massachusetts
- Women in Philanthropy of Western Massachusetts

Some of our chief collaborators:

- ◆ Athol Memorial Hospital
- ◆ BayState Franklin Medical Center
- ◆ Community Coalition for Teens (FRCOG)
- ◆ Community Health Center of Franklin County
- ◆ Community Partners
- ◆ Community Partnerships for Children
- ◆ Corporation for Public Mgmt.
- ◆ Dept. of Children & Families
- ◆ Dept. of Public Health
- ◆ Dept. of Transitional Assistance
- ◆ DIAL/SELF
- ◆ District Courts of Orange and Greenfield
- ◆ Franklin County Housing and Redevelopment Authority
- ◆ Franklin Regional Council of Governments
- ◆ Franklin/Hampshire Career Center
- ◆ Franklin/Hampshire Regional Employment Board
- ◆ Greenfield Community College
- ◆ Greenfield Housing Authority
- ◆ Hilltown CDC
- ◆ Hilltown Community Health Center
- ◆ Interfaith Council of Franklin County
- ◆ MSPCC
- ◆ Montague Catholic Social Ministries
- ◆ NELCWIT
- ◆ Northwestern District Attorney's Office
- ◆ Rural Development, Inc.
- ◆ ServiceNet
- ◆ The Food Bank of Western Massachusetts
- ◆ The Literacy Project
- ◆ The United ARC
- ◆ United Way of Franklin County
- ◆ United Way of Hampshire County
- ◆ Valuing Our Children
- ◆ Western Mass. Center for Healthy Communities
- ◆ Western Mass. Legal Services

Local

- 0-5 Advisory Board (Franklin County)
- Amherst Human Service Network - Co-Chair
- Baystate Franklin Medical Center Child Birth Education Committee
- Baystate Franklin Medical Center Perinatal Advisory Committee
- Children's Trust Fund Fatherhood Think Tank
- Children's Trust Fund Supervisor Support Forum
- Commonwealth Center for Change
- Communities That Care Coalition
 - Coordinating Council
 - Funding and Strategies Team
 - Community Norms Workgroup
 - Parent Education Workgroup
 - Youth Prevention Education Workgroup
 - Youth Recognition Workgroup
- Community Health Center of Franklin County – Board of Directors
- Community Partnerships for Children throughout the service area
- Council of Social Agencies of Hampshire County – Co-President
- Family Literacy Collaborative
- Fathers and Family Network
- Franklin County Collaboration for Children
- Franklin County Community Development Corporation – Board of Directors
- Franklin County Resource Network
 - Franklin County Hunger Task Force
- Franklin-Hampshire Guidance Association
- Franklin/Hampshire Regional Employment Board - Board of Directors
 - Youth Council
- Franklin Regional Council of Governments ESCO Evaluation Committee
- Gill-Montague Community-School Partnership - Chairperson
- Greenbook Collaborative
- Greenfield Community - School Partnership
- Greenfield Community College Community Access Advisory Board
- Greenfield Community College GED Testing Center Advisory Board
- Greenfield Community College Next Step Up Advisory Board
- Hampshire County Family Network
- Hampshire County Youth Worker Alliance
- Hampshire County Emergency Food and Shelter Program - Board Member
- Hampshire, Franklin, North Quabbin Area Service Coordination Collaborative
- Health Care For All
- Human Service Forum Leadership Institute Alumni Group
- Martin Luther King, Jr., Day Celebration Steering Committee (Northampton)
- Massachusetts Association of WIC Directors
- MassHealth Technical Forum

- MotherWoman
- North County Community-School Partnership
- North Quabbin Community Coalition
 - North Quabbin Comprehensive Access Network Task Force
 - Dental Access Task Force
 - Youth Policy Board
- Parent-Child Development Center (PCDC) Health Advisory Committee
- Patch Administrative Council (North Quabbin/Department of Children and Families)
- PFLAG (Parents, Families, and Friends of Lesbians and Gays)
- Pioneer Valley Breastfeeding Task Force
- Quaboag Hills Community Coalition - Executive Committee
- River Culture (Turner's Falls)
- Rural Development, Inc. – Board of Directors
- Schott Fellowship
- Southern Franklin Community-School Partnership
- SPIFFY (Strategic Planning Initiative for Families and Youth- Hampshire County) - Chair
- Teen Pregnancy Prevention Task Force - Policy Board
- Therapeutic Classroom Roundtable
- Trauma-Informed Network
- Tri-County Continuum of Care
- West County Community-School Partnership
- Western Massachusetts Association for the Education of Young Children
- Western Massachusetts Health Access Network
- Western Massachusetts Out of School Time Network - Steering Committee and Public Policy Committee
- White Privilege Discussion Group (Northampton)
- WIC (Women, Infants, and Children) Breastfeeding Promotion Task Force
- WIC (Women, Infants, and Children) Value-Enhanced Nutrition Education Task Force
- Women's Way, United Way of Franklin County
- Youth Services Roundtable (Franklin County)

State-affiliated

- ▶ Department of Early Education and Care Working Together Group
- ▶ Department of Children and Families Continuous Quality Improvement Collaboration
- ▶ Department of Transitional Assistance Solutions Committee
- ▶ Northwestern District Attorney's Domestic Violence Task Force
- ▶ Northwestern District Attorney's Violence Intervention and Prevention Task Force
- ▶ Triage Oversight Committee (Department of Children and Families, Franklin/Hampshire Juvenile Court, Committee for Public Counsel Services)

IX. FUNDING STRATEGY

Community Action manages over \$22 million of Federal, State, local, and private funding annually and has a level of expertise in fiscal oversight of multiple funding streams and sub-contracts that enables us to continue to attract large grants. Being connected with Community Action brings its component programs economies of scale and sophistication in fiscal oversight. Approximately 94% of Community Action's total revenues support client services, and 40% of this goes directly to vendors on behalf of clients in the form of cash benefits (e.g. child care vouchers, emergency needs, Fuel Assistance, and WIC checks). In 2008, about one half of Community Action's program revenue came from the Commonwealth of Massachusetts, and another 26% of program funds was federal monies administered by the state. Approximately 3% of revenues came from private or local public funders, and about 21% directly from the federal government.

The agency's dependence on government funding is at least partially due to its geographic location. Agencies that operate in rural areas have very few large businesses they can call upon for corporate support. There are few private foundations that focus on rural areas, and they tend not to give large grants. The local donor base is small and, as was discussed earlier, there is relatively less wealth than in urban areas.

In October 2007 the State's Executive Office of Health and Human Services published a report about the financial health of providers in the state human service system that documented how state purchasing policies contribute to the financial fragility of many of its grantees.⁷⁰ This report pointed out that, if a business – non-profit or for-profit – is to be healthy, it must have sufficient resources to cover its expenses; be capable of securing lines of credit to assist with cash flow; generate a surplus to cushion against hard times; and invest in the infrastructure and staff training that make providing services possible. However, state contracting policies often make it impossible for non-profits to recover the full cost of doing business.

The majority of Community Action's contracts are "cost reimbursement." We bill the state after services are rendered and receive a dollar-for-dollar reimbursement. This is not the case in many other agencies, which have performance-based contracts or bill insurance for services. The state's cost-reimbursement contracts tend to be restrictive in what they will pay for and do not allow an agency to generate any surplus. Many state contracts come with a pre-condition that the agency not charge for indirect expenses such as bookkeeping, information technology, or development, or they restrict what the agency can request to a level far below actual cost. Many state contracts are multi-year and are level-funded throughout the life of the contract, regardless of increases in the costs of doing business. Some contracts require the agency to raise matching funds if it is to receive any state money.

Massachusetts is by no means alone in these practices. And the results are commonplace across the country. Staff salaries and fringe benefits do not keep pace with increases in the cost of living. The relatively low wages that providers can pay limit the level of experience and qualifications of staff and also lead to staff turnover, which is time-consuming and expensive. Agencies are often forced to defer expenditures related to facility maintenance, information systems, and development. Over time this can result in instability and deficit operations, if not worse.

Because Community Action is relatively large and has been in business long enough to develop some assets, and because it has been well-managed, the agency is financially stable. Nonetheless, it is not immune from these structural problems related to state contracting. The need to raise funds to fill gaps created by state and federal restrictions on funding puts tremendous strain on the agency's capacity. In economic downturns such as the one we are now experiencing, the state has and will cut programs, and private funders will also reduce or eliminate charitable giving as their stock portfolios lose value. With only a relatively small financial cushion to fall back

on, Community Action will be hard-pressed to maintain all of its programs and will be extremely conservative when deciding whether or not to take on new initiatives, particularly if they require raising new matching funds. The agency does plan to apply to become a site of the VISTA (Volunteers in Service to America) program to assist with building capacity as outlined in our Strategic Plan.

Currently, responsibility for raising money is shared among the Executive Director, Department Directors, and the Development and Planning office. Community Action has been successful in raising money from many different sources and blending them to ensure steady and complementary funding, although some programs are significantly underfunded for meeting the need in the community. Our relative success has at least two related down sides. First, with each of our grants comes additional reporting requirements that take staff time away from direct service, supervision, and management. Second, some of our grants allow little or no overhead costs to pay for critical functions such as researching and writing grant applications for new funding, managing billing and accounting, or conducting strategic planning.

In 2007, Community Action purchased a small local business, Harmon Personnel, with the intent of generating unrestricted income to fund our programs. While we are not yet in a position to direct funds from Harmon Personnel to our programs, the business is holding its own, even in the current economic downturn.

The current poor economic climate and the financial sector “meltdown” will create problems for Community Action and all non-profits in raising money from individuals, businesses, and foundations. It is clear that we cannot expect to substantially increase our revenue from this type of giving in the near future. We can slowly build infrastructure to support donor and corporate fundraising, but we cannot look to philanthropy to soften the blow of the ailing economy for the agency or for the people who need our help.⁷¹

X. VISION STATEMENT



Community Action is dedicated to promoting economic justice and improving the quality of life for people with lower incomes. We live in a time of rising unemployment and prices, budget cuts, and military spending that slash away at the supports people need just to get by. Fulfilling our mission during the next three years will be a challenge as nationwide financial stress increases and the overall standard of living declines. Community Action will continue to address the basic needs of our participants, and we will also work with them to educate our community and advocate for their needs.

We believe that poverty is not inevitable or necessary. We believe it is created and maintained by an economic and political system that can change. We believe in the American value of Justice for All. In this context, this strategic plan is a re-commitment to our mission and our vision of a community in which *everyone* can achieve their full potential.

Within three years:

- Our community will have a significantly clearer picture of the impact of poverty on all our citizens and on our community as a whole.
- People of all economic backgrounds will be mobilized to advocate for economic justice in many forms, from greater access to affordable, high quality child care to economic development that creates jobs that allow an adequate standard of living.
- We will have increased our capacity to assist people in meeting their basic needs.
- People seeking assistance and support from Community Action will experience easier access at all sites and less stigma for seeking help because we have become more visible.
- People who have been traumatized will find support, programming, and advocacy through Community Action that is based in a trauma-informed perspective.
- To the greatest extent possible, participants who enter agency services at any one point will be assured well-coordinated access to all other appropriate services within the agency.
- Community Action will have made significant progress in conserving energy and minimizing our impact on the environment.

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